



# Discharged Firearm Report

## Columbus Division of Police



### General Incident Information

Incident Date \_\_\_\_\_ Incident Time \_\_\_\_\_ Incident Report # \_\_\_\_\_  
 Incident Address \_\_\_\_\_ Cruiser District \_\_\_\_\_  Out of Jurisdiction

How Officer Became Involved	Type of Incident
<input type="checkbox"/> Dispatch <input type="checkbox"/> On View <input type="checkbox"/> Pickup <input type="checkbox"/> Citizen <input type="checkbox"/> Other _____	<input type="checkbox"/> Burglary <input type="checkbox"/> Domestic <input type="checkbox"/> Robbery <input type="checkbox"/> Person with a Gun <input type="checkbox"/> Drug-related <input type="checkbox"/> Traffic-related <input type="checkbox"/> Tactical <input type="checkbox"/> Other _____

Type of Premises	Weather Conditions	Lighting Conditions (Check all that apply)
<input type="checkbox"/> Apartment <input type="checkbox"/> Home <input type="checkbox"/> Commercial Building <input type="checkbox"/> Open Area <input type="checkbox"/> Street <input type="checkbox"/> Vehicle <input type="checkbox"/> Other _____	<input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Other _____	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Flashlight <input type="checkbox"/> Natural Light <input type="checkbox"/> Other _____

### Involved Officer Information

Name \_\_\_\_\_ Badge/IBM # \_\_\_\_\_ Rank \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Date of Appointment \_\_\_\_\_ Assignment \_\_\_\_\_

Duty Status	Unit Information	Physical Exertion Before Incident
<input type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Uniform <input type="checkbox"/> Non-uniform <input type="checkbox"/> Tactical <input type="checkbox"/> Alone <input type="checkbox"/> With Partner <input type="checkbox"/> Other _____	<input type="checkbox"/> Cruiser # _____ ( <input type="checkbox"/> Plain Car) <input type="checkbox"/> CVS (Video # _____) <input type="checkbox"/> BWC (Video # _____)	<input type="checkbox"/> None <input type="checkbox"/> Physical Struggle <input type="checkbox"/> Running <input type="checkbox"/> Other _____

Gloves Worn During Shooting	Flashlight on Weapon Used	Officer's Hand Dominance	Officer Treated at Hospital	Type of Injuries Officer Sustained
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Superficial <input type="checkbox"/> Serious <input type="checkbox"/> Life-threatening <input type="checkbox"/> Fatal

### Type of Cover Officer Used (Describe)

### Discharged Firearm Information

Reason for Use of Weapon	Animal Involved	Warning Shot(s) Fired
To Protect: <input type="checkbox"/> Citizen(s) <input type="checkbox"/> Self <input type="checkbox"/> Other Officer(s) <input type="checkbox"/> Humane Destruction <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes ( <input type="checkbox"/> Killed) <input type="checkbox"/> No Specify Type(s) _____	<input type="checkbox"/> Yes (# Fired _____) <input type="checkbox"/> No

Officer's Weapon	Type of Ammunition Used	Type of Discharge
<input type="checkbox"/> CPD Auto Pistol <input type="checkbox"/> CPD Revolver <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Shotgun <input type="checkbox"/> Patrol Rifle <input type="checkbox"/> Sniper Rifle <input type="checkbox"/> Tactical Rifle Make _____ Model _____	<input type="checkbox"/> .223 <input type="checkbox"/> .38 <input type="checkbox"/> .380 <input type="checkbox"/> .40 <input type="checkbox"/> .45 <input type="checkbox"/> 9mm <input type="checkbox"/> Other _____	<input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional* *Clearing Barrel Used <input type="checkbox"/> Yes <input type="checkbox"/> No

Total Shots Fired by Officer	Additional Characteristics	Reloaded During Incident
<div style="border: 2px solid black; width: 30px; height: 30px; display: inline-block;"></div>	<input type="checkbox"/> Single Action <input type="checkbox"/> Two-Handed <input type="checkbox"/> Strong Hand <input type="checkbox"/> Double Action <input type="checkbox"/> One-Handed <input type="checkbox"/> Weak Hand	<input type="checkbox"/> Yes (# Times _____) <input type="checkbox"/> No

Approx. Distance From Suspect/Animal	Approx. Elapsed Time Between First/Last Shot	Gun Sights/Optics Used	Immediate Discharge After Drawing Weapon
When 1 <sup>st</sup> Shot Fired _____ When 2 <sup>nd</sup> Shot Fired _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Position of Officer for Each Shot Fired (Use "Additional Comments" section for more than one shot)

Kneeling  Prone  Running  Seated ( Inside Vehicle)  Standing  Other \_\_\_\_\_

Incident Report # \_\_\_\_\_

### Suspect Information

Suspect Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Multiple Suspects	Suspect's Weapon
<input type="checkbox"/> Yes* (# Males _____ # Females _____) <input type="checkbox"/> No *Complete one page per suspect involved in discharge	<input type="checkbox"/> Handgun <input type="checkbox"/> Shotgun <input type="checkbox"/> Rifle <input type="checkbox"/> Knife <input type="checkbox"/> Other _____ Make _____ Model _____ Caliber _____

Total Shots Fired by Suspect	Approx. Distance From Officer	Type of Cover Suspect Used (Describe)
<input type="checkbox"/>	When 1 <sup>st</sup> Shot Fired _____ When 2 <sup>nd</sup> Shot Fired _____	

Position of Suspect for Each Shot Fired (Use "Additional Comments" section for more than one shot)	Suspect Treated at Hospital	Type of Injuries Suspect Sustained
<input type="checkbox"/> Kneeling <input type="checkbox"/> Prone <input type="checkbox"/> Running <input type="checkbox"/> Seated ( <input type="checkbox"/> Inside Vehicle) <input type="checkbox"/> Standing <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Superficial <input type="checkbox"/> Serious <input type="checkbox"/> Life-threatening <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown

### Statement Regarding the Humane Destruction of a Seriously Injured Animal

The humane destruction of the seriously injured animal referenced in this report was reasonably necessary and was carried out in a manner that minimized the risk to individuals or property.

\_\_\_\_\_  
Signature and Badge/IBM #

<b>Additional Comments:</b>
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Reporting Supervisor/IBM # \_\_\_\_\_ Date \_\_\_\_\_

CIRT Member Completing Form \_\_\_\_\_ Date \_\_\_\_\_