

FIREARMS USE REPORTINSTRUCTIONS ON
REVERSE SIDE

CD NUMBER

DATE & TIME FIREARM USED

1. NAME OF OFFICER USING FIREARM		2. RANK		3. EMPLOYEE NO.		4. UNIT		
5. DUTY STATUS <input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY				6. TYPE OF ASSIGNMENT - IF "ON DUTY"				
7. TYPE OF INCIDENT - SUCH AS BURGLARY IN PROGRESS, FAMILY FIGHT, ETC.						8. MESSAGE NO.		
9. DESCRIBE MANNER IN WHICH YOU BECAME INVOLVED - SUCH AS RADIO ASSIGNMENT, ON-VIEW, IF THROUGH RADIO ASSIGNMENT, GIVE WORDING								
10. LIGHTING CONDITIONS <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> NIGHT <input type="checkbox"/> GOOD ARTIFICIAL <input type="checkbox"/> POOR ARTIFICIAL			11. WEATHER CONDITIONS <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG			12. LOCATION OF INCIDENT		13. PCT.
14. WEAPON DESCRIPTION <input type="checkbox"/> COLT <input type="checkbox"/> SMITH & WESSON <input type="checkbox"/> 38 CAL. <input type="checkbox"/> 357 MAGNUM <input type="checkbox"/> OTHER: TYPE OF AMMO: <input type="checkbox"/> SOFT POINT <input type="checkbox"/> METAL POINT <input type="checkbox"/> LEAD <input type="checkbox"/> OTHER:								
15. INCIDENT OCCURRED <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS				16. TYPE OF PREMISES				
17. NUMBER OF OPPONENTS		18. WHAT WEAPONS DID THEY USE?				19. NUMBER OF SHOTS FIRED AT YOU, IF ANY.		
20. DISTANCE FROM SUSPECT WHEN FIRST SHOT WAS FIRED BY YOU _____ FEET, BY SUSPECT _____, DISTANCE FROM SUSPECT WHEN LAST SHOT WAS FIRED BY YOU _____ FEET, BY SUSPECT _____,						NUMBER OF SHOTS FIRED BY YOU _____		
21. OFFICER'S POSITION: <input type="checkbox"/> STANDING <input type="checkbox"/> SITTING <input type="checkbox"/> LYING DOWN <input type="checkbox"/> KNEELING <input type="checkbox"/> OTHER - SPECIFY								
22. DID YOU HAVE WEAPON DRAWN AND READY FOR USE BEFORE YOU NEEDED IT? <input type="checkbox"/> YES <input type="checkbox"/> NO								
23. ARE YOU <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED				24. GUN WORN ON <input type="checkbox"/> RIGHT SIDE <input type="checkbox"/> LEFT SIDE				
25. DID YOU HAVE TO RELOAD? <input type="checkbox"/> YES <input type="checkbox"/> NO			26. IF YES, HOW MANY WERE YOU ABLE TO RELOAD? HOW LONG DID IT TAKE _____ SECONDS? _____					
27. DID YOU COUNT YOUR SHOTS AS YOU FIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO				28. DID YOUR WEAPON WORK PROPERLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, EXPLAIN ON REVERSE SIDE.				
29. DID YOU HAVE TIME TO SIGHT AND AIM? <input type="checkbox"/> YES <input type="checkbox"/> NO				30. NUMBER OF SHOTS FIRED SINGLE ACTION DOUBLE ACTION				
31. INJURIES: SUSPECT WAS: <input type="checkbox"/> NOT WOUNDED <input type="checkbox"/> SUPERFICIALLY WOUNDED <input type="checkbox"/> CRITICALLY WOUNDED <input type="checkbox"/> KILLED OFFICER INVOLVED WAS: <input type="checkbox"/> NOT WOUNDED <input type="checkbox"/> SUPERFICIALLY WOUNDED <input type="checkbox"/> CRITICALLY WOUNDED <input type="checkbox"/> KILLED								
32. DESCRIBE PROTECTIVE COVER WHICH YOU USED - SUCH AS LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.								
33. WHY DID YOU USE YOUR WEAPON? <input type="checkbox"/> PROTECT SELF <input type="checkbox"/> PROTECT CITIZEN <input type="checkbox"/> PREVENT FELONY <input type="checkbox"/> PREVENT ESCAPE OR FLIGHT OF A FELON <input type="checkbox"/> SUSPECT WANTED FOR: <input type="checkbox"/> OTHER - SPECIFY								
34. SIGNATURE OF OFFICER PREPARING REPORT						35. DATE REPORT PREPARED		

Note: On the reverse side, give a detailed narrative account of the incident giving particular attention to problems which you encountered that could have been avoided through more adequate training, better equipment, etc.

Dist.: Original ; Commissioner, Duplicate: District Inspector, Triplicate: Command File

Buff.Doc.Pro 00037

REASON FORCE WAS APPLIED

Reason Force Used:

Overcome Resistance to Arrest Restrain Protection of (name) _____
Terminate Unlawful Conduct Prevent Escape Other _____

NARRATIVE

Subject's Actions – Describe what caused Officer to use force.

Officer's Actions – Describe how and to where force was applied.

INJURY/MEDICAL

Was Subject Injured? Yes No Nature of Injury: _____
Was Subject Treated? Yes No If yes, at what facility? _____

Was any Police Officer injured as a result of this incident? Yes No Nature of Injury: _____
Who? (Rank, Name, District) _____

Was the Officer(s) Treated? Yes No If so, at what facility? _____

WITNESS INFORMATION (if additional information, attach a supplemental P-73)

Witness Officer Used CAP – P-1394 submitted

Police Officer (Rank, Name, Command, MP#, Badge# and DID #)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Police Officer (Rank, Name, Command, MP#, Badge# and DID#)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Civilian Name	Tel# Day, Tel# Night	
Address		
Civilian Name	Tel# Day, Tel# Night	
Address		

OFFICER REPORTING/REVIEW OF COMMAND

Officer Reporting/Badge # _____ Date _____
(Print name) (Badge #) (Signature)

Immediate Supervisor Reviewing _____ Date _____
(Print name) (Signature)

Immediate Supervisor Comments: _____

Member in Chain of Command Reviewing _____ Date _____
(Rank) (Print name) (Signature)

Member in Chain of Command Reviewing _____ Date _____
(Rank) (Print name) (Signature)

REASON FORCE WAS APPLIED

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Was Subject Treated? Yes No If yes, at what facility? _____

Was any Police Officer injured as a result of this incident? Yes No Nature of Injury: _____

Who? (Rank, Name, District) _____

Was the Officer(s) Treated? Yes No If so, at what facility? _____

WITNESS INFORMATION

Police Officer (Rank, Name, Command, Badge#)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Police Officer (Rank, Name, Command, Badge#)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Civilian Name	Tel# Day, Tel# Night	
Address		
Civilian Name	Tel# Day, Tel# Night	
Address		

OFFICER REPORTING/REVIEW OF COMMAND

Officer Reporting/Badge # _____ Date _____
(Print name) (Badge #) (Signature)

Immediate Supervisor Reviewing _____ Date _____
(Print name) (Signature)

Immediate Supervisor Comments: _____

Member in Chain of Command Reviewing _____ Date _____
(Rank) (Print name) (Signature)

Member in Chain of Command Reviewing _____ Date _____
(Rank) (Print name) (Signature)

BUFFALO POLICE DEPARTMENT USE OF FORCE REPORT

INCIDENT INFORMATION

Incident Date: ___ / ___ / ___ Incident time: _____ CD# _____

District/Unit _____ Assignment: _____

Incident Address: _____

Incident Occurred:

On Duty Off Duty

Incident Site:

Indoor Outdoor In Vehicle

How contact was initiated with Subject:

Radio Call Traffic Stop Inquiry/Stop Service/Execution of Warrant Investigation

Other _____

Type of call or investigation _____

SUBJECT INFORMATION

Name: _____ DOB: _____ Age: _____

Address: _____

Male Female Race: _____ Height: _____ Weight: _____

Condition of Subject:

Sober Alcohol Influence Drug Emotional Disturbance Other _____

Type of Custody:

Arrest MHL Other _____ Agency File# _____

Charges 1) _____

Additional Charges: _____

2) _____

3) _____

Summons Issued: Yes No

4) _____

Summons # _____

USE OF FORCE/METHOD

BEFORE ENGAGING IN USE OF FORCE, WERE VERBAL COMMANDS USED OR ATTEMPTED? YES NO

TACTICS USED

(check all that apply)

		Effective		
Yes	No	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain Compliance Hold
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CAP Spray
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Engagement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Impact Weapon
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Firearm (must also complete BPD-1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Type: _____

CAP

Fill out only if chemical agent used.

Number of Bursts _____

Distance from Subject _____

Length of time of Burst(s) _____

Area of Body Sprayed _____

Decontamination Yes No

Water Bioshield

FIREARMS USE REPORT

INSTRUCTIONS ON REVERSE SIDE

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INSTRUCTIONS RE FIREARMS USE REPORT

1. Prepare in triplicate. Distribution on front of form.
2. See 9/9.6 Manual of Procedure.
3. Statements on P-73 required of the Commanding Officer
Statements on P-73 required of the member of the Department
who discharged the firearm.

Such statements shall be prepared in TRIPLICATE, on P-73, explaining in detail the specifics of who, what, when, where, and how regarding the Commanding Officer's investigation, and the member's actions.

4. Distribution of these two separate statements are the same:
Original and 1st Copy to the Patrol District or Division
Commander
Triplicate Copy for Command file.

If investigation is completed, attach all reports together, and send them to Police Headquarters per above.

REMARKS: