BPD-1 (2 / 78)

#### BUFFALO POLICE DEPARTMENT BUFFALO, NEW YORK

FIREARMS USE REPORT

D	NUMBER				
	-				

INSTRUCTIONS ON REVERSE SIDE			DATE & TIME FI	REARM USED
1 NAME OF OFFICER USING FIREARM	2. RANK	3. EMPLOY	EE NO.	4. UNIT
5. DUTY STATUS ON DUTY OFF D		SIGNMENT - IF "ON C	OUT Y"	
7. TYPE OF INCIDENT - SUCH AS BURGLARY	IN PROGRESS, FAMILY FI	GHT, ETC.	ويجموري مجيده فالمقطعة فطائمت فالمراج مجيد بالمستعدد والمستعدة والم	8. MESSAGE NO.
		****		
9. DESCRIBE MANNER IN WHICH YOU BECAME WORDING	E INV <u>o</u> lved - Such as Ra	DIO ASSIGNMENT, ON	I-VIEW, IF THROUG	H RADIO ASSIGNMENT, GIVE
to. LIGHTING CONDITIONS	11. WEATHER CONDITIO	NS 12. LOC	ATION OF INCIDEN	T 13. PCT.
DAYLIGHT	CLEAR			
Dusk	CLOUDY	miles the committee of		
NIGHT	RAIN	14. WEA	ON DESCRIPTION	
GOOD ARTIFICIAL	SNOW		COLT	SMITH & WESSON
POOR ARTIFICIAL	FOG	] [	38 CAL.	357 MAGNUM
			THER:	
				· .
		TYPE 0	F AMMO: SOF	T POINT METAL POINT
· ·		LE	ADOTHER:	
15. INCIDENT OCCURRED INDOORS OUTDOORS	16. TYPE OF PREMISES	and a state of the		
17. NUMBER OF OPPONENTS 18. WHAT WE	APONS DID THEY USE?			19. NUMBER OF SHOTS FIRED AT
77 NOMBER OF OTTORERS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YOU, IF ANY.
20. DISTANCE FROM SUSPECT WHEN FIRST SHOT	WAS FIRED BY YOU	FEET. BY SUSPE	T	NUMBER OF SHOTS
DISTANCE FROM SUSPECT WHEN LAST SHOT	WAS FIRED BY YOU	FEET. BY SUSPE	CT	FIRED BY YOU
21. OFFICER'S POSITION:	a parlam in recommend to the little place before a supervisor of the supervisor of t			
STANDING SITTING	LYING DOWN K	NEELINGOTHER	- SPECIFY	
22. DID YOU HAVE WEAPON DRAWN AND REA	DY FOR USE BEFORE YOU	NEEDED ITT YE	s 🔲 NO	
23. ARE YOU	aleman and a second	24. GUN WORN ON		
RIGHT HANDED L	EFT HANDED		RIGHT SIDE	LEFT SIDE
25. DID YOU HAVE TO RELOAD?	26. IF YES, HOW MANY W	ERE YOU ABLE TO R	ELOAD?	
YES NO	HOW LONG DID IT TA	KESEC	CONDS†	
27. DID YOU COUNT YOUR SHOTS AS YOU FIR	EDY	28. DID YOUR WE	APON WORK PROPE	ERLYI
YES NO		YES N	O IF NOT, EXPL	AIN ON REVERSE SIDE
29 DID YOU HAVE TIME TO SIGHT AND AIMT		30. NUMBER OF S	HOTS FIRED	
YES NO		SINGL	Z ACTION	DOUBLE ACTION
	RFICIALLY WOUNDED	CRITICALLY WO	OUNDED [	KILLED
OFFICER INVOLVED WAS:	RFICIALLY WOUNDED	CRITICALLY W	DUNDED	KILLED
32. DESCRIBE PROTECTIVE COVER WHICH YO	OU USED - SUCH AS LIGHT	POLES, DOORWAYS,	CAR, FURNITURE,	ETC.
33. WHY DID YOU USE YOUR WEAPON?				
PROTECT SELF PROTE	ECT CITIZEN PRE	VENT FELONY [	PREVENT ESCA	PE OR FLIGHT OF A FELON
SUSPECT WANTED FOR:		OTHE	R - SPECIFY	
34. SIGNATURE OF OFFICER PREPARING RE	PORT		35. DAT	E REPORT PREPARED

Note: On the reverse side, give a detailed narrative account of the incident giving particular attention to problems which you encountered that the control of the incident giving particular attention to problems which you encountered that the control of the incident giving particular attention to problems which you encountered that the control of the incident giving particular attention to problems which you encountered that the control of the incident giving particular attention to problems which you encountered that the control of the incident giving particular attention to problems which you encountered that the control of the incident giving particular attention to problems which you encountered that the control of the incident giving particular attention to problems which you encountered that the control of the incident giving particular attention to problems which you encountered that the control of the incident giving particular attention to problems which you encountered that the control of the incident giving particular attention to problems which you encountered that the control of the incident giving particular attention to problems which you encountered that the control of the incident giving particular attention to problems which you encountered that the control of the incident giving particular attention to problems which you encountered the control of the incident giving particular attention to problems which you encountered the control of the incident giving particular attention to problems which you encountered the control of the incident giving particular attention to problems which you encountered the control of the incident giving particular attention to problems which you encountered the control of the incident giving particular attention to problems which you encountered the control of the control

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

# BUFFALO POLICE DEPARTMENT USE OF FORCE REPORT

### INCIDENT INFORMATION

District/Unit	_/ Incident time:	<del></del>	)#		
	Assignment:	MP1□	MP2□ MP3□	MP4□ M	IP5□
Incident Address:		* .		•	
ncident Occurred:	Incident Sit Off Duty □ Indoor □	e:	Vehicle □		
low contact was init	iated with Subject:				
O: -	Traffic Stop □ Inquiry/Stop □	Service/Execution of	of Warrant □	Investigati	on 🗆
Type of call or invest	tigation				
JECT INFORMATIO	<b>N</b>				:
	<del></del> .	DOR	•	Λαρι	
•				·	
ddress:					
/ale □ Female	□ Race:	Height:	Weight:_		
Type of Custody:	Addi	rtional Charges:			
2)					
2) 3)		ummons Issued: Yes [			
3)	· · · · · · · · · · · · · · · · · · ·		<del></del>		
3) 4)	S	ummons issued: Yes I			
3) 4) E OF FORCE/METHO BEFORE ENGAGING TACTICS USED	S OD IN USE OF FORCE, WERE VERBA	ummons#			
3) 4) E OF FORCE/METHO BEFORE ENGAGING ACTICS USED check all that apply)	S OD IN USE OF FORCE, WERE VERBA	ummons#			
3) 4) E OF FORCE/METHO BEFORE ENGAGING FACTICS USED check all that apply) Yes	SOD IN USE OF FORCE, WERE VERBA	ummons# L COMMANDS USED O	PR ATTEMPTED  Effective  es No		
3) 4) E OF FORCE/METHO BEFORE ENGAGING TACTICS USED check all that apply)	S OD IN USE OF FORCE, WERE VERBA	ummons#Y L COMMANDS USED O	Effective  (es No		I NO
3)	No Pain Compliance Hold CAP Spray Physical Engagement Impact Weapon Firearm (must also con Other:	ummons#Y L COMMANDS USED O	Effective  es No	? YES □	I NO
3)	No Pain Compliance Hold CAP Spray Physical Engagement Impact Weapon Firearm (must also con Other:	ummons#Y L COMMANDS USED O	Effective 'es No	<b>? YES</b> □	I NO
3)	No Pain Compliance Hold CAP Spray Physical Engagement Impact Weapon Firearm (must also con Other:	ummons#Y L COMMANDS USED O	Effective /es No	<b>? YES</b> □	I NO

Buff.Doc.Pro 00189

#### **REASON FORCE WAS APPLIED**

NADDATIVE							
NARRATIVE		•					
Subject's Actions – De	scribe what cau	ised Officer to					
							<u> </u>
Officer's Actions – Des	cribe how and	to where force	was applied.				
JURY/MEDICAL							
Was Subject Injured? Was Subject Treated?	Yes □	No □ N	lature of Injury:				
Was any Police Officer in Who? (Rank, Name, Dist	njured as a resul trict)	t of this inciden	t? Yes □	No □ Natur	re of Injury:_		
Was the Officer(s) Treate							
WITNESS INFORMATIO	N (if additional	linformation	attach a sunnk	emental P-73)			
				Witness C	Officer Used	CAP - P-	1394 subn
Police Officer (Rank, Na	me, Command, I	MP#, Badge# a	ind DID #)			Yes □	No □
Police Officer (Rank, Na	me Command	MD# Bodgo# c	and DID#\			Vec D	No □
ronce Officer (Natik, Nai	ne, Commanu, i	wir ir, Daugeir a			• • • •	169 [	140 1
Civilian Name					т	el# Day,	Γel# Night
Address							
		. <u></u>		•			
Civilian Name					7	el# Day, T	Γel# Night
Address							
		•					
CER REPORTING/REVI	EW OF COMMA	ND					
cer Reporting/Badge#						Date	
	(Print name	e) (	(Badge #)	(Signature)			
ediate Supervisor Reviev				/01		Date	
		(Print name)		(Signature)			
ediate Supervisor Comm	ients:						
							i .
		<u> </u>					
	<u> </u>						
nber in Chain of Commar	nd Reviewing _	(Rank)	<u> </u>	(Print name)	•		
nber in Chain of Commar	nd Reviewing _	(Rank)		(Print name)	Doto		
nber in Chain of Commar	nd Reviewing _	(Rank)	(Signature)	(Print name)	Date		<del></del>
nber in Chain of Commar		(Rank)		(Print name)	Date		

Distribution: Original PSD, Copy Command, Copy Academy

### Reason Force Used: Protection of ☐ (name) \_\_\_\_\_ Overcome Resistance to Arrest Restrain 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) No □ If so, at what facility? Was the Officer(s) Treated? Yes □ WITNESS INFORMATION Yes 🗆 Police Officer (Rank, Name, Command, Badge#) No □ Police Officer (Rank, Name, Command, Badge#) Yes No □ Tel# Day, Tel# Night Civilian Name Address Tel# Day, Tel# Night Civilian Name 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 (Rank) (Print name) Date (Signature) Member in Chain of Command Reviewing (Rank) (Print name) (Signature)

Distribution: Original - PSD, Copy - Command, Copy - Academy

**REASON FORCE WAS APPLIED** 

# BUFFALO POLICE DEPARTMENT USE OF FORCE REPORT

NCIDENT INFORMA	11011					
Incident Date:/_		Incident time:		CD#		
District/Unit		Assignment:		· · ·		
Incident Address:					<del></del>	
Incident Occurred: On Duty □	Off Duty 🛚	Incident Sit Indoor □		In Vehicle □		
How contact was in	itiated with S	ubject:				
	•	□ Inquiry/Stop □		ıtion of Warrant □	Investigation	
Type of call or inve	stigation		en state en		the second secon	
IBJECT INFORMATION					e to o	
					e de la companya de La companya de la co	
Name:			DOB	<u> </u>	_ Age:	
Address:			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			_
Male III - Famali	. []   Doo	•	Hoight	Weight	·	
мате ш геппат	# LJ Hace	ə:	Height	weight	•	
Type of Custody:	Arrest [	☐ MHL ☐ Othe	er	Agency	File#	
Charges 1)		Addi	itional Charges:			<del></del>
2)		·				
		<del></del>	Summons Issued: Summons #	Yes □ No □		
ISE OF FORCE/MET	HOD HOD					
		FORCE, WERE VERBA	AL COMMANDS US	ED OR ATTEMPTE	D? YES 🗆	NO
BEFORE ENGAGIN	IG IN USE OF	FORCE, WERE VERBA	AL COMMANDS US	SED OR ATTEMPTE	D? YES 🗆	NO
BEFORE ENGAGIN	IG IN USE OF	FORCE, WERE VERBA	AL COMMANDS US	SED OR ATTEMPTE  Effective	D? YES 🗆	NO
BEFORE ENGAGIN	IG IN USE OF	FORCE, WERE VERBA	AL COMMANDS US		D? YES 🗆	NO
BEFORE ENGAGING TACTICS USED (check all that apple) Yes	IG IN USE OF  IV)  No	Pain Compliance Hold		<b>Effective</b> Yes No □ □	D? YES 🗆	NO
BEFORE ENGAGING TACTICS USED (check all that apple)  Yes	No	Pain Compliance Hold CAP Spray Physical Engagement	i	Effective Yes No		
BEFORE ENGAGING TACTICS USED (check all that apple) Yes	No	Pain Compliance Hold CAP Spray Physical Engagement Impact Weapon Firearm (must also co	i mplete BPD-1)	Effective Yes No	ï <b>D? YES</b> □	
BEFORE ENGAGING TACTICS USED (check all that apple)  Yes	No	Pain Compliance Hold CAP Spray Physical Engagement Impact Weapon	i mplete BPD-1)	Effective Yes No		
BEFORE ENGAGING TACTICS USED (check all that apple)  Yes	No	Pain Compliance Hold CAP Spray Physical Engagement Impact Weapon Firearm (must also co Other:	i mplete BPD-1)	Effective Yes No	Гуре:	
Yes  Yes  CAP  Fill out only Number of B	No  No  Compared to the state of the state o	Pain Compliance Hold CAP Spray Physical Engagement Impact Weapon Firearm (must also co Other:	mplete BPD-1)  Distance from	Effective Yes No	Гуре:	NO
Yes  Yes  CAP  Fill out only  Number of B  Length of time	No D D D D D D D D D D D D D D D D D D D	Pain Compliance Hold CAP Spray Physical Engagement Impact Weapon Firearm (must also co Other:	mplete BPD-1)  Distance from	Effective Yes No	Гуре:	

 $\begin{array}{c} \text{Continued on reverse side.} \\ Buff.Doc.Pro~000268 \end{array}$ 

	NEW YORK		٦	CD NUMBER		
•						•
STRUCTIONS ON EVERSE SIDE	JSE REPORT		.	DATE & TIME FIR	EARM USED	
NAME OF OFFICER USING FIREARM	2. RANK	3.	. EMPLOYE	E NO.	4. UNIT	
6. DUTY STATUS	6. TYPE OF A	ASSIGNMENT -	IF "ON DU	TY"		
ON DUTY OFF D	UTY					
7. TYPE OF INCIDENT - SUCH AS BURGLARY	IN PROGRESS, FAMILY F	FIGHT, ETC.			8. MESSAGE NO.	
DESCRIBE MANNER IN WHICH YOU BECAM WORDING	E INVOLVED - SUCH AS R	RADIO ASSIGN	MENT, ON-	VIEW, IF THROUG	H RADIO ASSIGNM	ENT, GIVE
	<b>,</b>					
10. LIGHTING CONDITIONS	11. WEATHER CONDITI	ions	12. LOCA	TION OF INCIDEN	Т	13. PCT.
DAYLIGHT	CLEAR				•	
DUSK	CLOUDY		14 WE AD	ON DESCRIPTION	A STATE OF THE STA	DESCRIPTION OF THE PARTY OF THE
NIGHT	RAIN					
GOOD ARTIFICIAL	SNOW				SMITH & WESSON	
POOR ARTIFICIAL	FOG		<u> </u>	38 CAL.	3\$7 MAGNUM	
			To 🗆	THER:	•	
			TYPE OF		T POINT MET	TAL POINT
15. INCIDENT OCCURRED INDOORS OUTDOORS	16. TYPE OF PREMISE	ES .				
17. NUMBER OF OPPONENTS 18. WHAT W	EAPONS DID THEY USE?	<u>,                                    </u>			19. NUMBER OF YOU, IF AN	SHOTS FIRED AT
20.	TWIC FIRED BY YOU	& C L T	av cuicero	·	All IMPI	ER OF SHOTS
DISTANCE FROM SUSPECT WHEN FIRST SHO	·					BY YOU
DISTANCE FROM SUSPECT WHEN LAST SHO	T WAS FIRED BY YOU	FEET,	BY SUSPEC	۵ ( <del></del>	rinco	31 100
21. OFFICER'S POSITION: STANDING SITTIN	G LYING DOWN	KNEELING	OTHER	- SPECIFY		
22. DID YOU HAVE WEAPON DRAWN AND RE	ADY FOR USE BEFORE Y	YOU NEEDED	IT? YES	S NO		
23. ARE YOU RIGHT HANDED	LEFT HANDED	24. GUN	WORN ON	RIGHT SIDE	LEFT SIDE	
25. DID YOU HAVE TO RELOAD?	26. IF YES, HOW MANY	Y WERE YOU A	ABLE TO R	ELOAD?	,	
YES NO	HOW LONG DID IT			ONDST		
27. DID YOU COUNT YOUR SHOTS AS YOU F	IRED <b>1</b>			PON WORK PROP		
YES NO					LAIN ON REVERSE	SIDE
29 DID YOU HAVE TIME TO SIGHT AND AIM	7	30. NUI		HOTS FIRED	DOUBLE	ACTION
YES NO			SINGLE	ACTION	DOUBLE	AUTIVA
31. INJURIES: SUSPECT WAS:  NOT WOUNDED  OFFICER INVOLVED WAS:	ERFICIALLY WOUNDED	CRIT	FICALLY WO	DUNDED	KILLED	

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.

PREVENT FELONY

CRITICALLY WOUNDED

OTHER - SPECIFY

33. WHY DID YOU USE YOUR WEAPON?

SUSPECT WANTED FOR:

34. SIGNATURE OF OFFICER PREPARING REPORT

PROTECT SELF

SUPERFICIALLY WOUNDED

PROTECT CITIZEN

32. DESCRIBE PROTECTIVE COVER WHICH YOU USED - SUCH AS LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.

35. DATE REPORT PREPARED

KILLED

PREVENT ESCAPE OR FLIGHT OF A FELON

## BPD-1 INSTRUCTIONS RE FIREARMS USE REPORT

- 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:**