

THIS FORM IS TO BE COMPLETED WITHIN 10 DAYS OF WEAPON DISCHARGE OR WITHIN 24 HOURS OF OFFICER INVOLVED SHOOTING



INCIDENT REPORT - FORM 49 DISCHARGE OF FIREARM

1. OFFICERS NAME: _____
Last First MI
2. CERTIFICATION NUMBER: _____ TELEPHONE NUMBER: _____
3. CONTACT PERSON (IF DIFFERENT FROM ABOVE):

Last First MI
4. COUNTY OF EMPLOYMENT: _____
5. DEPARTMENT: ADULT JUVENILE OTHER: _____
6. ADDRESS: _____

7. DATE OF DISCHARGE: _____ TIME: _____ AM PM
8. LOCATION OF DISCHARGE: _____
9. LIGHTING CONDITIONS: _____
10. WEATHER CONDITIONS: _____
11. APPROXIMATE DISTANCE FROM FIREARM DISCHARGE TO IMPACT: _____
12. WAS FIREARM DISCHARGED DURING: ARREST SEARCH ROUTINE VISIT
 DEFENSE DETENTION OTHER: _____
13. NAME (S) OF OTHER OFFICERS, WITNESSES, OR PERSONS INVOLVED?

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14. WAS ANYONE INJURED? PROVIDE DETAILS.

15. IS THE "DISCHARGE" UNDER INVESTIGATION? YES NO (IF "YES", WHO IS INVESTIGATING THE DISCHARGE? (PLEASE SEND FINAL DISPOSITION UPON COMPLETION)

16. TYPE OF FIREARM AND AMMUNITION DISCHARGED:

FIREARM		AMMUNITION	
Manufacturer		Manufacturer	
Caliber		Caliber	
Model		Grain	
Type		Type	
Serial #			
Capacity		Assigned duty weapon?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTE: When describing the TYPE of firearm indicate whether a pistol or revolver. Indicate in CAPACITY, the number of rounds that were loaded in the Pistol/Revolver at the time of the discharge. **Please use attached narrative page for additional details.**

OFFICER SIGNATURE: _____

CHIEF/DIRECTOR SIGNATURE: _____

Send the completed Incident Report to:
Executive Director | Training Division
County Probation and Parole Officers' Firearm Education and Training Commission
1101 South Front Street | Suite 5600
Harrisburg, Pennsylvania 17104-2522
Fax: 717.705.1778 | Email: gyoung@pa.gov

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SUPPLEMENTAL NARRATIVE

(Describe events as specifically as possible – please include addresses and phone numbers of witnesses, other officers, etc.)

(Use additional sheets if necessary – other agency incident forms may be attached)