**UNINTENTIONAL DISCHARGE (UD) REPORT**

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| **Institution Police Department:** | | | | | **Case Number:** | | **Date of UD:** | | **Time of UD:** |
| **Location:** | | | | | | | | | |
| **Associated Reports:**  Offense  Incident  DP54 Use of Force | | | | | | | | | |
| **REPORT IS TO BE COMPLETED BY OFFICER’S SUPERVISOR, FIREARMS RANGEMASTER, or PROFICIENCY OFFICER** | | | | | | | | | |
| **Name of Officer Completing Report** | | | | | **Signature** | | **Date** | | **Time** |
| **EMPLOYEE DATA** | | | | | | | | | |
| **Employee** (Last, First) | | **Position:**  LEO  PSO  Staff/Civilian | | | | | **ID Number** | **Phone Number** | |
| **On Duty**:  Yes  No | | **Injury**:  No  Yes; | | | | | **Type of discharge:**  Negligent  Accidental | | |
| **Supervisor Present**:  Yes  No | | **Activity conducted at time of UD**: | | | | | | | |
| **Firearm inspected by armorer/gunsmith**:  No  Yes- date;  Inspected by: | | **Findings of inspection/function test**:  Normal working condition  Other; | | | | | | | |
| **Firearm:**  Make/Model:       Serial#: | | **Ammunition:**  Make:       Type (Desc/grain):        Duty  Training | | | | | | | |
| **Property Damage**:  No  Yes; | | | | | | **Investigated by**:  UTSP  Outside Agency; | | | |
| **INJURIES TO ANOTHER PERSON(S):**  Not Applicable | | | | | | | | | |
| **Injured Person (if applicable)** | | | **Address:** | | | | **ID Number** | **Phone Number** | |
| **Race:** | **Sex:** | **Age:** | | | **Height:** | **Weight:** | **On Duty**:  Yes  No | **Injury:**  No  Yes; | |
| **WITNESS(ES):**  Not Applicable | | | | | | | | | |
| **Witness (if applicable)** | | | | **Address:** | | | **ID Number** | **Phone Number** | |
| **Race:** | **Sex:** | **Age:** | | | **Height:** | **Weight:** | **On Duty**:  Yes  No | **Injury**:  No  Yes; | |
| **DESCRIPTION OF UNITENTIONAL DISCHARGE** | | | | | | | | | |
| **Supervisor/Rangemaster/Proficiency Officer description of unintentional discharge. (**Where, what, when, who, why and how? Notification made to Rangemaster or Proficiency Officer.) | | | | | | | | | |

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| **CHAIN OF COMMAND COMMENTS AND ACTION RECOMMENDATIONS** | | |
| **supervisor COMMENTS** (timely notification to Director of police, ODOP #728). | | |
| **Signature and ID# Printed Name** | **Date** | **Time** |
|  | | |
| **fIREARMS rANGEMASTER COMMENTS** (include outcome of inspection/function test of firearm) | | |
| **Signature and ID# Printed Name** | **Date** | **Time** |
|  | | |
| **CHIEF OF POLICE COMMENTS** | | |
| **Signature and ID#** | **Date** | **Time** |

**Factors to consider for unintentional discharge investigation**

* What are the basic facts surrounding the incident? Where did it occur? Who was present or involved? What happened?
* Was someone injured and, if so, what are the extent of those injuries?
* Which policies, if any, may have been violated?
* What was the cause of the incident?
* Were any training or equipment issues contributing factors to the incident?
* Have the involved firearm inspected by an armorer/gunsmith to verify it is functioning correctly.
* Unintentional discharge is not a use of force unless it occurs during a law enforcement function.