

TO:

Chief
Bureau of Patrol

Date: _____

Deputy Chief (If needed) Deputy Chief
Area _____ Area _____

Commander (Firearm Discharge Incidents ONLY)
Bureau of Detectives
Area _____

Commander (If needed) Commander
Unit _____ Unit _____

Deputy Chief
Education and Training Division

Director
Research & Development Division

Chief Administrator
Independent Police Review Authority

FROM:

Name _____

Rank/Title _____

Unit No. _____

SUBJECT: POLICE SHOOTING CHECKLIST

Indicate attachments attached. All originals will be forwarded to their respective processing units through regular channels. Attachments to this checklist sheet will be photocopies.

Tactical Response Report

Officer Battery Report

Arrest Report / CB#(s) _____

Supplemental Report(s)

Case Report / RD# _____

Property Inventory No.(s) _____

Complaint Register Initiation Report I CR# _____

Summary Punishment Action Request

Crime Scene Processing Report

To-From-Subject Reports of Involved Members
(Number of such reports attached: _____)

Bureau of Detectives Command Information Worksheet

PCAD Printout

Felony Minute Sheet

Other (List)

Injury On Duty Report