

CALIFORNIA STATE UNIVERSITY, FULLERTON POLICE DEPARTMENT SHOOTING INCIDENT REPORT

Date & Time of _____
Day of Week
Date
Time

Location of Incident: _____
Address
Beat
Division

OFFICER(S) WHO FIRED:

1. _____
Name
ID#
Division
Type of Weapon _____
Serial #
2. _____
Name
ID#
Division
Type of Weapon _____
Serial #
3. _____
Name
ID#
Division
Type of Weapon _____
Serial #

OFFICER WITNESSES:

1. _____
Name
ID#
Division
2. _____
Name
ID#
Division
3. _____
Name
ID#
Division
4. _____
Name
ID#
Division
5. _____
Name
ID#
Division

BRIEF DESCRIPTION OF INCIDENT:

LIST ANY DEATHS/INJURIES/PROPERTY DAMAGES:

INVESTIGATING SUPERVISOR	ID#	DIVISION	DATE	TIME

ROUTING: Original: Investigations / Internal Affairs
 Copy: Administrative Services Captain