



Firearms Discharge and National Use-of-Force Report

Firearms Discharge Report

This form is used to report when any peace officer discharges a firearm in the course of duty (other than for training purposes or for the killing of an animal that is sick, injured or dangerous), pursuant to [Minnesota Statutes § 626.553, subdivision 2.](#)

This form is also used to report when a security guard discharges his or her firearm in the course of employment (other than for training purposes), pursuant to [Minnesota Statutes § 299C.22, subdivision 2.](#)

Within 30 days of the firearms discharge, the Chief Law Enforcement Officer (CLEO) for an agency must submit a completed form to the Minnesota Bureau of Criminal Apprehension. *This submission must occur through the Supplemental Reporting System (SRS).*

Report only one incident/case number per form.

<i>Please provide all information requested.</i>			
Agency ORI	Agency Name		
Incident Date	Is this date the actual date of the incident? <input type="checkbox"/> YES <input type="checkbox"/> NO	Incident/Case Number	
Are you reporting a discharge by a private security firm? <input type="checkbox"/> YES	Name of Private Security Firm		
Shots fired in this incident were for: <input type="checkbox"/> 1 - FIREARM DISCHARGE IN THE COURSE OF DUTY/EMPLOYMENT <input type="checkbox"/> 2 - FIREARM ACCIDENTAL DISCHARGE (E.G., GUN CLEANING)			
<i>Complete the remainder of this form if you checked either option above. Do not complete this form if the firearms discharge was to kill a sick, injured, or dangerous animal or for training purposes.</i>			
Number of Other Law Enforcement Agencies Discharging Firearms in this Incident (if any)			
Assisting Agency #1 ORI	Assisting Agency #1 Name	Assisting Agency #2 ORI	Assisting Agency #2 Name
Assisting Agency #3 ORI	Assisting Agency #3 Name	Assisting Agency #4 ORI	Assisting Agency #4 Name
Assisting Agency #5 ORI	Assisting Agency #5 Name	Assisting Agency #6 ORI	Assisting Agency #6 Name
Number of Individuals Fired At Enter "0" if this was an accidental discharge and shot was not fired (purposely or not) at anyone.			
Describe the Circumstances of the Discharge (public data only)			

<i>Enter the results of shots fired at individuals.</i>			
INDIVIDUAL #1	INDIVIDUAL #2	INDIVIDUAL #3	INDIVIDUAL #4



Firearms Discharge and National Use-of-Force Report

Firearms Discharge Report

Enter information for each shot fired in this incident. If more than 30 shots were fired, please submit an additional page.
 Time of discharge: _____

SHOT #	TYPE OF ACTIVITY	TYPE OF ASSIGNMENT	TYPE OF WEAPON	INCIDENT LEVEL
#1				
#2				
#3				
#4				
#5				
#6				
#7				
#8				
#9				
#10				
#11				
#12				
#13				
#14				
#15				
#16				
#17				
#18				
#19				
#20				
#21				
#22				
#23				
#24				
#25				
#26				
#27				
#28				
#29				
#30				

<i>Enter information on who prepared this form.</i>	
Report Prepared By (required)	Title
Email Address (required)	Telephone Number (required)
Agency Chief Law Enforcement Officer	

Terms and definitions

accidental discharge – When a firearm is fired unintentionally. Examples are gun cleaning incidents, discharges while holstering gun, etc.

Activity Type – The law enforcement task in which the peace officer was engaged at the time of firearm discharge.

firearm - For purposes of this form a “firearm” means a weapon that is designed to cause great bodily harm or death. A firearm is a gun that discharges shot or a projectile by means of an explosive, a gas, or compressed air.

Firearms Discharge Report – This form is used to report the number of firearm discharges, and the reason for and circumstances surrounding each discharge of a firearm by peace officers and private security guards. Because each shot fired during an incident can have different reasons and circumstances, this form has been designed to collect information on each shot within a single incident. The law enforcement agency should complete this form for all discharges by private security firms.

Incident Level – The degree of criminal culpability that would likely be assigned to the alleged misconduct that prompted the peace officer to discharge the firearm.

“Other, Assisted” or “Other Alone” – Describes a law enforcement officer who was functioning in a capacity not represented by Type of Assignment codes A-E. Includes off-duty officers and officers on foot patrol, equine patrol, bicycle patrol, etc.

Statutory references

- [Minnesota Statutes §626.553 Gunshot Wounds; Peace Officers, Discharging Firearms; Investigations; Reports.](#)
- [Minnesota Statutes §299C.22 Security Guard; Discharge of Firearms; Report.](#)



Firearms Discharge and National Use-of-Force Report

Use-of-Force Incident Information

Did this incident result in... (select all that apply)

- The death of a person due to law enforcement use of force?
- The serious bodily injury of a person due to law enforcement use of force?
- The discharge of a firearm by law enforcement at or in the direction of a person that did not otherwise result in death or serious bodily injury?

Location of the Incident

- Pending further investigation
- Unknown and is unlikely ever to be known

Street Address 1		
Street Address 2		
City	State	ZIP Code
Latitude	Longitude	Location Type

Contact/Offense

What was the reason for the initial contact between the subject(s) and the officer(s)? (select one)

If the use of force was in response to report or observation of "unlawful or suspicious activity" what were the most serious observed offenses committed by the subject prior to or at the time of the incident.

- Pending further investigation
- Unknown/not reported

Offense #1	Offense #2	Offense #3
National Incident-Based Reporting System (NIBRS) incident number of report detailing the criminal incident information on the subject		
<input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely ever to be known		

Approach

Did the officer approach the subject(s)?

- Yes
- No
- Pending further investigation
- Unknown and is unlikely ever to be known

Was this an ambush incident?

- Yes
- No
- Pending further investigation
- Unknown and is unlikely ever to be known

Was a supervisor or a senior officer acting in a similar capacity present or consulted prior to when force was used in the incident?

- Yes
- No
- Pending further investigation
- Unknown and is unlikely ever to be known

If the incident involved officers who used force from multiple law enforcement agencies, please provide ORIs and case numbers for the local use-of-force reports at other agencies.

Other Agency #1 ORI	Other Agency #1 Incident/Case No.	Other Agency #2 ORI	Other Agency #2 Incident/Case No.
Other Agency #3 ORI	Other Agency #3 Incident/Case No.	Other Agency #4 ORI	Other Agency #4 Incident/Case No.

Total number of subjects that died or received serious bodily injury as a result of a law enforcement use of force, including the discharge of a firearm at or in their direction: _____

- Pending further investigation Unknown and is unlikely to ever be known

Please complete the following set of questions for each individual subjected to force applied by officers from your agency if that force resulted in death, severe bodily injury, or a firearm discharge.

Do not include witnesses or bystanders against whom force was not applied by officers from your agency.

All data elements must be valid to submit the incident.

Demographics

Sex of Subject	Race of Subject	Ethnicity of Subject
----------------	-----------------	----------------------

Description

Age of Subject at Time of Incident <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely ever to be known		
Age	Age Range <div style="text-align: center;">TO</div>	Is Age or Age Range an Estimate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Height of Subject at Time of Incident <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely ever to be known		
Height	Height Range <div style="text-align: center;">TO</div>	Is Height or Height Range an Estimate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Weight of Subject at Time of Incident <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely ever to be known		
Weight	Weight Range <div style="text-align: center;">TO</div>	Is Weight or Weight Range an Estimate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Impairment

Was there an apparent or known impairment in the mental or physical condition of the subject?

- Yes No Pending further investigation Unknown and is unlikely ever to be known

If "Yes", please select which conditions apply: (select all that apply)

- Alcohol Impairment Drug Impairment Mental Health Condition
 Pending further investigation Unknown and is unlikely ever to be known

Threat

Was the threat by the subject(s) perceived by the officer(s) to be directed to the officer or another party?

- Another party Both the officer and others Officer
 Pending further investigation Unknown and is unlikely ever to be known

At any time during the incident, was the subject armed or believed to be armed with a weapon (other than hands, fists, or feet)?

- Yes No Pending further investigation Unknown and is unlikely ever to be known

Resist

Did the subject resist the officer(s)?

- Yes No Pending further investigation Unknown and is unlikely ever to be known

What resistance or weapon was or believed to be involved? (select all that apply)

- Attempt to escape/flee from custody Barricading self
 Directing a vehicle at an officer or another Failing to comply to verbal commands
 Intentionally spitting or bleeding on an officer Making verbal threats None
 Other types of passive resistance Resisted being handcuffed or arrested
 Throwing an article or object at an officer
 Using a chemical agent [acid, gasoline, pepper or OC (oleoresin capsicum) spray, etc.] against an officer or another
 Using a firearm against an officer or another Using an edged weapon against an officer or another
 Using an electronic control weapon against an officer or another
 Using hands/fists/feet against an officer or another
 Pending further investigation Unknown and is unlikely ever to be known

Force/Injury

Indicate the types of force used against the subject. (select all that apply)

- Baton Blunt Instrument/Flashlight Canine
 Chemical agent/Pepper or OC (oleoresin capsicum) spray Electronic control weapon (Taser)
 Explosive device Firearm Hands/fists/feet Impact projectile Other
 Pending further investigation Unknown and is unlikely ever to be known

What were the subject's injuries received as a direct consequence of the use of force by law enforcement? (select "Death", "Pending...", "Unknown...", or all others that apply)

- Apparent Broken Bones Canine Bite Death Gunshot Wound Loss of Teeth
 Loss or partial loss of finger, toe, arm, leg, etc. None Other Major Injury
 Possible cardiac event Possible Internal Injury Severe laceration/puncture wound
 Unconsciousness
 Pending further investigation Unknown and is unlikely ever to be known



Firearms Discharge and National Use-of-Force Report

Use-of-Force Officer Information

Number of officers who applied force during this incident: _____

- Pending further investigation Unknown and is unlikely to ever be known

Number of officers from your agency who applied force during this incident: _____

- Pending further investigation Unknown and is unlikely to ever be known

Please complete the following set of questions for each officer who actually applied force that resulted in death, serious bodily injury, or discharged a firearm at or in the direction of a person in the course of this incident from your agency.

Do not include officers who were assisting or present; did not apply force; or applied force that did not meet the criteria as specified above.

All data elements must be valid to submit the incident.

Demographics

Sex of Officer	Race of Officer	Ethnicity of Officer
----------------	-----------------	----------------------

Description

Age of Officer at Time of Incident <input type="checkbox"/> Pending further investigation
Height of Officer at Time of Incident <input type="checkbox"/> Pending further investigation
Weight of Officer at Time of Incident <input type="checkbox"/> Pending further investigation

Service

Officer's Years of Service as a Law Enforcement Officer (Total Tenure) <input type="checkbox"/> Pending further investigation	Does the Officer Work Full-Time (i.e. 35 hours or more per week)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely ever to be known
--	---

Response

Was the officer readily identifiable by clothing or insignia at the time of the incident?

- Yes No Pending further investigation Unknown and is unlikely ever to be known

Was the officer on duty at the time of the incident?

- Yes No Pending further investigation Unknown and is unlikely ever to be known

Did the officer discharge a firearm at or in the direction of a person during the incident?

- Yes No Pending further investigation Unknown and is unlikely ever to be known



Firearms Discharge and National Use-of-Force Report

Use-of-Force Officer Information

Injury

Was the officer injured during the incident that precipitated the use of force?

- Yes No Pending further investigation Unknown and is unlikely ever to be known

What are the officer's injuries during the incident that precipitated the use of force?

(select "Death", "Pending...", "Unknown...", or all others that apply)

- Apparent Broken Bones Canine Bite Death Gunshot Wound Loss of Teeth
 Loss or partial loss of finger, toe, arm, leg, etc. Other Major Injury Possible Internal Injury
 Severe laceration/puncture wound Unconsciousness
 Pending further investigation Unknown and is unlikely ever to be known

NIBRS (or local) incident number detailing assault or homicide of law enforcement officer:

-
- Pending further investigation Unknown and is unlikely to ever be known

This section provides additional information for certain fields and questions in the National Use-of-Force Report.

“serious bodily injury”- “bodily injury that involves a substantial risk of death, unconsciousness, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty”

Location Type - Report the type of location/premises where the use of force took place. If more than one choice could apply, select the best possible description of the location/premises.

“ambush incident” - An ambush is a situation where an officer is:

- unexpectedly assaulted as the result of premeditation by the subject, or
- lured into danger as the result of conscious consideration and planning by the subject

Was there an apparent or known impairment in the mental or physical condition of the subject?

This information should indicate the perceptions of the officer(s), not the results of a medical report.

Was the threat by the subject(s) perceived by the officer(s) to be directed to the officer or another party?

Use this field to indicate if the subject was in possession of a weapon, regardless of whether the subject used the weapon in a threatening or assaultive manner against either law enforcement officers or other persons.

Number of officers from your agency who applied force during this incident.

Include only those officers employed by your agency who were present at any time during the contact between officer(s) and the subject(s), and who directly engaged at least one subject with a use of force.