CALIFORNIA STATE UNIVERSITY, FULLERTON POLICE DEPARTMENT
SHOOTING INCIDENT REPORT

Date & Time of Incident:
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