

CLEET Armed Security
Discharge of Weapon Report

Legal Name: _____ Last 4 of SSN #: _____

Address of Incident: _____

Date of Incident: _____ Type of Weapon Discharged: _____

Responding Law Enforcement: _____ Report #: _____

CLEET License #: _____ Employed By: _____

Witnesses: _____

Suspects Name: _____

Did any of the following occur: Death Personal Injury Property Damage

Please write a detailed report of the event which took place: (Use additional paper if needed)

Signature of Licensee

Date

390:35-13-2.(c) The employing agency shall assure that the involved licensee completes a "Report of Firearm Discharge", to be forwarded by the licensee to CLEET. (d) Within twenty-four (24) hours after the firearms discharge incident, a separate written report shall be made to CLEET by each, the licensee who discharged a firearm and the employing agency. If the licensee is self-employed, he shall be personally responsible for reporting any discharge of firearms.