

**INCIDENT IDENTIFICATION INFORMATION**

054 FW1, Emergency Data Sheet		FWS Investigating Official:		
Program:	SAC/RAC/FO, RO, RM	Office / Station:	Reporting Official:	Reporting Official Telephone/FAX:
Time of Incident:	Date of Incident:	Day of Incident:		
		S	M	T W T F S
Number of Suspects:	Number of Involved FWS Officers:	Number of FWS Officer Witnesses:	Number of Civilian Witnesses:	

**INCIDENT LOCATION INFORMATION**

Address of Occurrence (Include City, County, State and ZIP Code), or Distance from Permanent Reference Points:			
Character of Premises (Check ONE from EACH Column):			
Urban	Densely Populated	Residential	Indoors
Suburban	Moderately Populated	Commercial	Outdoors
Rural	Sparsely Populated	Undeveloped / Open	In (Land) Vehicle
Remote / Isolated	Uninhabited	Station / Institution	On Boat or Aircraft
Illumination (Check ONE from EITHER of 2 Left Columns; Check ALL Applicable from Remaining Columns):			
<i>If Natural Illumination:</i>	<i>If Artificial Illumination:</i>	Dark	Suspect Silhouetted
Dawn	<b>Or,</b> Interior Room Lights	Poor Lighting	Officer Silhouetted
Daylight	Street Lights	Good Lighting	Night Vision Aided
Dusk	Vehicle Headlights	Weak Moonlight	Snow / Marine Glare
Night	Flashlight	Strong Moonlight	Oncoming Light Glare
Environmental Conditions (Check ALL Applicable):			
Dry	Calm	Very Hot	Desert
Standing Water	Windy	Hot	Grassland
Raining	Haze / Blowing Dust	Temperate	Wooded Area
Snowing	Fog	Cold	Mountainous

**INVOLVED OFFICER INFORMATION**

(Complete a Separate Form for Each Officer Involved)

Name (LAST, First MI):	Title:	Service EOD:	Duty Location EOD:
Sex:	Hand Usage When Shooting:	Height:	Weight: Age:
Male Female	Right-handed Left-handed		
Duty Status:	Total YEARS Law Enforcement Experience:		
On Duty Off Duty	Federal:	State:	Local:
Operational Activity (Check ONE Program / Activity):			
DET (Detention)	FPS (Protection)	Drug Interdiction OPS	Other (Explain):
INV (Investigations)	NWRS OPS	TRN (Training/Qual's.)	
JTF (Joint Task Force)	Covert OPS	WS (Warrant Service)	

**INVOLVED OFFICER INCAPACITATION INFORMATION**

(Complete This Section Only if Involved Officer Was Shot)

Degree and Duration of Incapacitation: <input type="checkbox"/> Check This Box if Officer NOT Shot				
NO Incapacitation	Occurred Within:	0-3 Sec.	4-6 Sec.	Over 6 Sec.
PARTIAL Incapacitation	Occurred Within:	0-3 Sec.	4-6 Sec.	Over 6 Sec.
FULL Incapacitation	Occurred Within:	0-3 Sec.	4-6 Sec.	Over 6 Sec.
Ability to Respond to Threat Was Regained Within:		0-5 Sec.	6-10 Sec.	Over 10 Sec.
Body Armor Usage:	Number of Impacts:	Number of Full Penetrations:	Number of Failed Penetrations:	
Used Not Used				
Describe Any Involved Officer Injuries:				

OWCP Forms Completed: Yes No EAP: Yes No

**INVOLVED OFFICER FIREARM (AND MISC. WEAPONS) INFORMATION** *(List Additional Firearms Used by Same Officer on Supplement)*

Manufacturer:	Model Name / Number:	Type (Pistol, Rifle, etc.):	Rounds Fired:	Caliber:	Barrel Length:
Bullet Type:	Bullet Weight:	Firearm Ownership: FWS-issued      Personal		Additional Firearms Used: None      See Supplement	
Non-firearm Weapon Information:					
Edged Weapon Hands, Fists, Feet		Rocks Other Blunt Instrument		OC Spray Vehicle      Baton Other:	

**INVOLVED OFFICER SHOOTING / RELOADING INFORMATION** *(Check ONE from EACH Section / Category)*

Shooting Information:			
<i>Shooting Posture:</i> Standing Kneeling Prone	<i>Posture Orientation:</i> Field Inter'n Stance Facing Squarely Side Towards	<i>Cover Usage:</i> No Cover Cover Used In Vehicle	<i>Shooting Grip:</i> Two-handed Strong Hand Only Weak Hand Only
<i>Shooting Elevation:</i> At / Above Eye Level Below Eye Level Hip Level	<i>Aiming Method:</i> Point Aim Sight Aim Combination	<i>Firing Mode:</i> Double Action Semi-automatic Fully Automatic	<i>Shooting Distance (Express in Yards):</i> Maximum: Minimum:
Reloading Information:			Check This Box if Officer Did NOT Reload
With Magazine(s) With Speedloader(s)	From Belt Loops From Pocket	<i>Reloading Posture:</i> Standing Kneeling Prone	<i>Cover Usage:</i> No Cover Cover Used In Vehicle
<i>Total Reloads:</i>			
Total Rounds Fired:	Total SUSPECT Hits:	Total Accounted For:	Other Persons Hit / Property Damaged by Impact(s):
Number and Location of SUSPECT Hits:			<input type="checkbox"/> Check This Box if SUSPECT Was NOT Hit
Head (Front) Head (Rear)	Upper Torso (F) Upper Torso (R)	Lower Torso (F) Lower Torso (R)	Extremities (Arms) Extremities (Legs)

**SUSPECT INFORMATION**

Name:		AKA(s):		Sex: Male      Female	
Height:	Weight:	Age:	Ethnicity:	FBI Number:	Other Information:
Prior Arrests (Show Date, Offense and Disposition):					

**SUSPECT FIREARM (AND MISC. WEAPONS) INFORMATION** *(List Additional Firearms Used by Same Suspect on Supplement)*

Manufacturer:	Model Name / Number:	Type (Pistol, Rifle, etc.):	Caliber:	Barrel Length:
Bullet Type:	Bullet Weight:	Rounds Fired:	Additional Firearms Used: None      See Supplement	
Non-firearm Weapon Information:				
Edged Weapon Hands, Fists, Feet		Rocks Other Blunt Instrument		Chemical Device Vehicle      Animal Other:

**SUSPECT INCAPACITATION INFORMATION** *(Complete This Section Only if Suspect Was Shot)*

Degree and Duration of Incapacitation:					<input type="checkbox"/> Check This Box if Suspect NOT Shot
NO Incapacitation	Occurred Within:	0-3 Sec.	4-6 Sec.	Over 6 Sec.	
PARTIAL Incapacitation	Occurred Within:	0-3 Sec.	4-6 Sec.	Over 6 Sec.	
FULL Incapacitation	Occurred Within:	0-3 Sec.	4-6 Sec.	Over 6 Sec.	
Ability to Respond to Threat Was Regained Within:		0-5 Sec.	6-10 Sec.	Over 10 Sec.	

*Use this supplement to record Involved Officer firearms and/or Suspect weapons that are additional to those shown on the original. Firearms or other weapons used by ADDITIONAL Involved Officers and/or Suspects should be shown on ADDITIONAL forms submitted for those parties.*

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**ADDITIONAL INVOLVED OFFICER FIREARM (AND MISC. WEAPONS) INFORMATION**

Manufacturer:	Model Name / Number:	Type (Pistol, Rifle, etc.):	Rounds Fired:	Caliber:	Barrel Length:
Bullet Type:	Bullet Weight:	Firearm Ownership:		Additional Firearms Used:	
		FWS-issued	Personal	None	See Supplement
Non-firearm Weapon Information:					
Edged Weapon	Rocks	OC Spray	Baton		
Hands, Fists, Feet	Other Blunt Instrument	Vehicle	Other:		

**ADDITIONAL INVOLVED OFFICER FIREARM (AND MISC. WEAPONS) INFORMATION**

Manufacturer:	Model Name / Number:	Type (Pistol, Rifle, etc.):	Rounds Fired:	Caliber:	Barrel Length:
Bullet Type:	Bullet Weight:	Firearm Ownership:		Additional Firearms Used:	
		FWS-issued	Personal	None	See Supplement
Non-firearm Weapon Information:					
Edged Weapon	Rocks	OC Spray	Baton		
Hands, Fists, Feet	Other Blunt Instrument	Vehicle	Other:		

**ADDITIONAL SUSPECT FIREARM (AND MISC. WEAPONS) INFORMATION**

Manufacturer:	Model Name / Number:	Type (Pistol, Rifle, etc.):	Caliber:	Barrel Length:
Bullet Type:	Bullet Weight:	Rounds Fired:	Additional Firearms Used:	
			None	See Supplement
Non-firearm Weapon Information:				
Edged Weapon	Rocks	Chemical Device	Animal	
Hands, Fists, Feet	Other Blunt	Vehicle	Other:	

**ADDITIONAL SUSPECT FIREARM (AND MISC. WEAPONS) INFORMATION**

Manufacturer:	Model Name / Number:	Type (Pistol, Rifle, etc.):	Caliber:	Barrel Length:
Bullet Type:	Bullet Weight:	Rounds Fired:	Additional Firearms Used:	
			None	See Supplement
Non-firearm Weapon Information:				
Edged Weapon	Rocks	Chemical Device	Animal	
Hands, Fists, Feet	Other Blunt	Vehicle	Other:	

**ADDITIONAL INFORMATION / TEXT CONTINUATIONS**

Specify the Section of this form to Which This Continuation Applies:
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