

BP-A0223
JUN 10

REPORT OF WEAPON DISCHARGE CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

1. TO: INSTITUTION CEO 2. FROM: (NAME & TITLE) 3. DATE SUBMITTED
MM/DD/YY

4. DATE OF DISCHARGE: 5. TIME OF DISCHARGE: HH:MM ____ AM ____ PM

6. NAME OF EMPLOYEE:

7. POST ASSIGNMENT:

8. TYPE OF WEAPON: 9. DISCHARGE WAS:
____ ACCIDENTAL

10. NUMBER OF ROUNDS FIRED: ____ LINE OF DUTY

11. REGIONAL OFFICE () WAS () WAS NOT NOTIFIED. NAME OF PERSON NOTIFIED:

12. CIRCUMSTANCES SURROUNDING DISCHARGE:

13. CAPTAIN'S ANALYSIS AND DAMAGE REPORT:

14. DAMAGE ESTIMATE: \$

15. TRAINING NEEDS INDICATED: ____ YES ____ NO. IF YES, EXPLAIN:

ROUTING: REGION CEO; REGION CORR SVC; BOP CORR PGM DIV; BOP CORR SCV FILE; CAPTAIN