



# ARKANSAS STATE POLICE DISCHARGE OF FIREARM REPORT

Effective Date  
1-2019

**NOTICE:** Information contained on this application is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

DATE OF INCIDENT: \_\_\_\_\_

Employee Credential Number

NAME OF CREDENTIAL OR COMMISSION HOLDER INVOLVED IN THE INCIDENT:

\_\_\_\_\_

Last First MI

NAME OF BUSINESS/COMPANY: \_\_\_\_\_

BUSINESS/ COMPANY PHONE: (\_\_\_\_) \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

NAME OF LOCATION INCIDENT OCCURRED: \_\_\_\_\_

INCIDENT PHYSICAL LOCATION ADDRESS:

\_\_\_\_\_

Street/P.O. Box City County State/ZIP

**PLEASE PROVIDE A DETAILED ACCOUNT OF THE INCIDENT BELOW:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WEAPON FIRED DURING INCIDENT:**

Make \_\_\_\_\_ Model \_\_\_\_\_ Caliber \_\_\_\_\_

\_\_\_\_\_  
Credential or Commission Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date