

CLEET Bail Enforcement
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 #: _____ Employee By: _____

Witnesses: _____

Suspects Name: _____

Who holds Suspects Bond: _____

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

390:60-7-8.(c)The involved Licensee must complete a separate written report, known as a "Report of Firearm Discharge", to be forwarded by the Licensee to CLEET within twenty-four (24) hours after the firearms discharge incident. This is an individual obligation of the licensee and the Licensee may not rely on any other entity to submit the required reports.