

## Armed Licensee 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)

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\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

*CLEET Rules & Statutes: 390:35-13-2; 390:60-7-8; 59 O.S. § 1350.15 (B); 59 O.S. § 1750.9 (C).*