

OFFICE OF THE CHIEF OF POLICE

NOTICE
13.1

September 3, 2019

TO: All Department Personnel

FROM: Chief of Police

SUBJECT: OFFICER-INVOLVED FIREARM DISCHARGE INVESTIGATION,
FORM 01.67.08 – REVISED

The Officer-Involved Firearm Discharge Investigation, Form 01.67.08, has been revised to update information required by the assigned Force Investigation Division investigator when completing this Form.

The revised Officer-Involved Firearm Discharge Investigation form is attached for immediate use and duplication and is available in E-forms on the Department's Local Area Network. The use and distribution of this form remain the same. The completion of this form is self-explanatory. All previous versions of this form are to be placed in the divisional recycling bin.

Any questions regarding this Notice may be directed to Force Investigation Division, at (213) 486-5230.



MICHEL R. MOORE
Chief of Police

Attachment

DISTRIBUTION "D"

Los Angeles Police Department
OFFICER-INVOLVED FIREARM DISCHARGE INVESTIGATION

- TACTICAL UNINTENTIONAL DISCHARGE OF A FIREARM ANIMAL SHOOTING
 NON-TACTICAL UNINTENTIONAL DISCHARGE OF A FIREARM WARNING SHOT

SECTION I. GENERAL INFORMATION	FID No.	DR No.
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Date of Incident	Day of Week	Time	Location of Occurrence	RD
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Date and Time of this Report	Officer's Area/Division of Assignment	Area/Division of Occurrence
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INVOLVED OFFICER(S)

Last Name, First Name, Middle Initial	Serial No.	Area/ Division/ Detail	Sex	Desc.	Ht.	Wt.	Age	In Uniform (Y/N)	Vest (Y/N)	On Duty (Y/N)	Injured (Y/N)	IOD (Y/N)	Light Duty (Y/N)

WITNESSING OFFICER(S)

Last Name, First Name, Middle Initial	Serial No.	Area/ Division/ Detail	Sex	Desc.	Ht.	Wt.	Age	In Uniform (Y/N)	Vest (Y/N)	On Duty (Y/N)	Injured (Y/N)	IOD (Y/N)	Light Duty (Y/N)

CIVILIAN WITNESSES

Last Name, First Name, Middle Initial	Sex	Desc.	Ht.	Wt.	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation

Address R-	Phone R-	E-Mail Address
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Address B-	Phone B-	Cell Phone
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Foreign Language Spoken	Name/Serial No. of Supervisor Interviewing and Date/Time/Location of Interview
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Last Name, First Name, Middle Initial	Sex	Desc.	Ht.	Wt.	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation

Address R-	Phone R-	E-Mail Address
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Address B-	Phone B-	Cell Phone
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Foreign Language Spoken	Name/Serial No. of Supervisor Interviewing and Date/Time/Location of Interview
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CIVILIAN WITNESSES (Continued)									
Last Name, First Name, Middle Initial	Sex	Desc.	Ht.	Wt.	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation	
Address R-				Phone R-			E-Mail Address		
Address B-				Phone B-			Cell Phone		
Foreign Language Spoken		Name/Serial No. of Supervisor Interviewing and Date/Time/Location of Interview							
Last Name, First Name, Middle Initial	Sex	Desc.	Ht.	Wt.	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation	
Address R-				Phone R-			E-Mail Address		
Address B-				Phone B-			Cell Phone		
Foreign Language Spoken		Name/Serial No. of Supervisor Interviewing and Date/Time/Location of Interview							
Last Name, First Name, Middle Initial	Sex	Desc.	Ht.	Wt.	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation	
Address R-				Phone R-			E-Mail Address		
Address B-				Phone B-			Cell Phone		
Foreign Language Spoken		Name/Serial No. of Supervisor Interviewing and Date/Time/Location of Interview							
Last Name, First Name, Middle Initial	Sex	Desc.	Ht.	Wt.	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation	
Address R-				Phone R-			E-Mail Address		
Address B-				Phone B-			Cell Phone		
Foreign Language Spoken		Name/Serial No. of Supervisor Interviewing and Date/Time/Location of Interview							
Last Name, First Name, Middle Initial	Sex	Desc.	Ht.	Wt.	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation	
Address R-				Phone R-			E-Mail Address		
Address B-				Phone B-			Cell Phone		
Foreign Language Spoken		Name/Serial No. of Supervisor Interviewing and Date/Time/Location of Interview							

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FID No. _____	DR No. _____
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Check all that apply:

- A total of _____ Heard Only Witness Form(s) for LAPD Sworn, Form 01.71.02, were completed.
- A total of _____ Heard Only Witness Form(s) for LAPD Civilian, Form 01.71.03, were completed.
- A total of _____ civilian(s) were interviewed regarding this incident. All interviews of the civilian witness(es) were recorded and are on file at FID.
- A total of _____ civilian witness(es) did not wish to provide a recorded interview. The reasons are documented in the Investigator's Notes section of this report.
- The statements of the civilian witness(es) were reviewed by FID personnel and found to be consistent with the statements of the involved/witnessing officer(s) and the physical evidence that was recovered from the scene.
- The statements of the civilian witness(es) were reviewed by FID personnel and found to be inconsistent with the statements of the involved/witnessing officer(s) and/or the physical evidence that was recovered from the scene. The inconsistencies/conflicts are documented as an indented note in the Investigative Summary section of this report.

SECTION II. NOTIFICATIONS - (to be completed in all cases)

Source of Activity: Call for Service Observation Other: _____

Code Six on Scene? Yes No Date: _____ Time: _____

Method (Check all that apply): Radio MDC

Officer who advised Communications Division regarding Code Six status: _____ Serial No.: _____

Supervisor Requested? Yes No Date: _____ Time: _____

Officer who Requested Supervisor: _____ Serial No.: _____

First Supervisor on Scene: _____ Serial No.: _____ Div.: _____ Date: _____ Time: _____

Watch Commander on Scene? Yes No Name: _____ Serial No.: _____

Incident No.: _____ Addendum No.: _____ (Communications Division Incident Recall [Print Out](#))

Public Safety Statement? Yes No

Obtained By: _____ Serial No.: _____ Date: _____ Time: _____

Department Operations Center Telephonic Notification made by: Name: _____ Serial No.: _____	Department Operations Center Personnel Notified: Name: _____ Serial No.: _____	Date: _____ Time: _____
Force Investigation Division Telephonic Notification made by: Name: _____ Serial No.: _____	Force Investigation Division Personnel Notified: Name: _____ Serial No.: _____	Date: _____ Time: _____

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FID No.

DR No.

SECTION III. PHOTOGRAPHS - (to be completed in all cases)

Photographs Taken By: _____

Serial No.: _____

Addendum No.: _____ (CD of all photographs)

Control No(s): _____

SECTION IV. DIAGRAM - (to be completed in all cases)

Diagram Completed By: _____

Serial No.: _____

Date: _____

SECTION V. EVIDENCE - (to be completed in all cases)

Evidence Collected By: _____

Serial No.: _____

Number of Items: _____

Addendum No.: _____

(Copy of Property Report)

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SECTION VI. WEAPON INFORMATION - (to be completed in all cases)

<input type="checkbox"/> Personally Owned	<input type="checkbox"/> Pistol with attached light (PWAL)	<input type="checkbox"/> Handgun <input type="checkbox"/> Service <input type="checkbox"/> Backup	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Police Rifle	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Department Owned	<input type="checkbox"/> Light used during incident	Date of PWAL training: _____			Involved Officer's Name _____
				Serial No. _____	

Make: _____ Caliber: _____ Model: _____ Serial No.: _____ Barrel Length: _____ Finish: _____

Fully loaded? Yes No Capacity: _____ Type Holster: _____

Type of Stock/Grips: _____

Other Descriptors (e.g., scope, night sights, etc.): _____

Magazine Check Conducted by: _____ Date: _____ Time: _____ Loc: _____

Round In Chamber? Yes No No. of Rounds in Magazine/Cylinder: _____ No. of Rounds Fired: _____

Dept. Approved Ammo? Yes No Ammo Description: _____

Registered w/ Dept. Armory? Yes No As of: _____ Date of Weapons Training: _____

Verification Date: _____ Time: _____

SECTION VII. ANIMAL INFORMATION

Name of Animal: _____ Type: _____ Breed: _____ Approx. Wt.: _____ Age: _____ Sex: _____

Prior Aggressive Behavior? Yes No If Yes, explain: _____

Description of Injuries: _____ Deceased at Scene? Yes No

Name and Location of Veterinarian: _____

Department of Animal Services, Control Officer: Name: _____ Employee No.: _____

If Euthanized: Date: _____ Time: _____ Location: _____

Person Performing: _____

Owner Referred to City Clerk by: _____ Date: _____ Time: _____

Responsible Party (Owner):

Last Name, First Name, Middle Initial	Sex	Desc.	Ht.	Wt.	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation

Address R- _____ Phone R- _____ E-Mail Address _____

Address B- _____ Phone B- _____ Cell Phone _____

Note: If more than one officer or animal was involved, document the information on the following page and change the page number accordingly.

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SECTION VI. WEAPON INFORMATION - (to be completed in all cases)

<input type="checkbox"/> Personally Owned	<input type="checkbox"/> Pistol with attached light (PWAL)	<input type="checkbox"/> Handgun <input type="checkbox"/> Service <input type="checkbox"/> Backup	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Police Rifle	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Department Owned	<input type="checkbox"/> Used during incident	Date of PWAL training: _____			Serial No.
Involved Officer's Name					

Make: _____ Caliber: _____ Model: _____ Serial No.: _____ Barrel Length: _____ Finish: _____

Fully loaded? Yes No Capacity: _____ Type Holster: _____

Type of Stock/Grips: _____

Other Descriptors (e.g., scope, night sights, etc.): _____

Magazine Check Conducted by: _____ Date: _____ Time: _____ Loc: _____

Round in Chamber? Yes No No. of Rounds in Magazine/Cylinder: _____ No. of Rounds Fired: _____

Dept. Approved Ammo? Yes No Ammo Description: _____

Registered w/ Dept. Armory? Yes No As of: _____ Date of Weapons Training: _____

Verification Date: _____ Time: _____

SECTION VII. ANIMAL INFORMATION

Name of Animal: _____ Type: _____ Breed: _____ Approx. Wt.: _____ Age: _____ Sex: _____

Prior Aggressive Behavior? Yes No If Yes, explain: _____

Description of Injuries: _____ Deceased at Scene? Yes No

Name and Location of Veterinarian: _____

Department of Animal Services, Control Officer: Name: _____ Employee No.: _____

If Euthanized: Date: _____ Time: _____ Location: _____

Person Performing: _____

Owner Referred to City Clerk by: _____ Date: _____ Time: _____

Responsible Party (Owner):

Last Name, First Name, Middle Initial	Sex	Desc.	Ht.	Wt.	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation

Address R- _____ Phone R- _____ E-Mail Address _____

Address B- _____ Phone B- _____ Cell Phone _____

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SECTION VIII. ADDENDA - (to be completed in all cases)

- Involved Officer(s) Transcripts
- Copy of Communications Division Incident Recall printout
- Force Investigation Division Statement Form, Form 15.92.00
- Investigative Action/Statement Form, Form 03.11.20
- CD of Photographs
- Copy of Property Report, Form 10.01.00
- Weapon Discharge Inspection Report(s)
- Copy of Sergeant's Daily Report(s), Form 15.48.00
- Copy of Watch Commander's Daily Report, Form 15.80.00
- Department Operations Center Incident Notification Log
- 15.02.00 Assessment of Supervisor Response
- Crime Scene Log, Form 03.11.04
- Investigators Chronological Record

Addendum No.	Addendum

Force Investigation Division Investigator:	Serial No.:	Date:
Commanding Officer, Force Investigation Division:	Serial No.:	Date:
Copies forwarded to: <input type="checkbox"/> Employee's Area/division C/O <input type="checkbox"/> Employee's bureau C/O		
Commanding Officer, Critical Incident Review Division:	Serial No.:	Date: