

SNIPER UTILIZATION SURVEY FORM

AGENCY _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____ CONTACT PERSON _____

SWAT TEAM? YES NO

SNIPER TEAM? YES NO

SNIPER SHOOTING? YES NO (If yes, please complete the following information.)

TYPE OF INCIDENT: BARRICADE HOSTAGE SUICIDAL SUBJECT SNIPER OTHER

DATE _____ TIME OF DAY _____

WEAPON TYPE _____ CALIBER _____

SHOT DISTANCE _____ SHOOTING POSITION _____

SHOT PLACEMENT: HEAD BODY ARM LEG OTHER

RESULT: FATAL INJURY-RECOVERED MISS

INTERMEDIATE BARRIER: YES NO DID ROUND STAY IN TARGET? YES NO

ADDITIONAL COMMENTS: _____

SUBMITTED BY _____

DATE COMPLETED _____



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