

## 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.)

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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

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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