

POLICE USE OF DEADLY FORCE – ATTORNEY GENERAL NOTIFICATION REPORT
Immediate notification required pursuant to AG Directive 2006-5

REPORTING AGENCY INFORMATION

- Atlantic County Prosecutor's Office
- Bergen County Prosecutor's Office
- Burlington County Prosecutor's Office
- Camden County Prosecutor's Office
- Cape May County Prosecutor's Office
- Cumberland County Prosecutor's Office
- Essex County Prosecutor's Office
- Gloucester County Prosecutor's Office
- Hudson County Prosecutor's Office
- Hunterdon County Prosecutor's Office
- Mercer County Prosecutor's Office

- Middlesex County Prosecutor's Office
- Monmouth County Prosecutor's Office
- Morris County Prosecutor's Office
- Ocean County Prosecutor's Office
- Passaic County Prosecutor's Office
- Salem County Prosecutor's Office
- Somerset County Prosecutor's Office
- Sussex County Prosecutor's Office
- Union County Prosecutor's Office
- Warren County Prosecutor's Office

Prosecutors Case #: _____

Date/Time Reported to AG: _____

This incident involves (check appropriate box):

- Shooting Involving Death
- Shooting Involving Serious Bodily Injury
- Shooting with No Injury
- Deadly Force, Other than Firearm, with No Injury
- Force, Other than Firearm, Involving Death
- Force, Other than Firearm, w/Serious Injury
- Conductive Energy Device (CED) (**requires completion of CED Deployment Review Report*)
- Less Lethal Ammunition

Municipal Agency Involved: _____

Municipal Case #: _____

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Total Officers Involved*: _____		POLICE OFFICER(S) INVOLVED		
<i>*Use additional space if necessary.</i>				
Officer 1:				
Name (Last, First, MI)		Badge #	Sex	Race
Department		Assigned Unit	Injury Status	
Officer 2:				
Name (Last, First, MI)		Badge #	Sex	Race
Department		Assigned Unit	Injury Status	
Officer 3:				
Name (Last, First, MI)		Badge #	Sex	Race

Total Persons Involved*: _____		PERSONS INJURED, KILLED OR INVOLVED		
<i>*Use additional space if necessary.</i>				
Person 1:				
Name (Last, First, MI)		DOB	Sex	Race
City		State		
Injury Status: <input type="checkbox"/> Killed <input type="checkbox"/> Injured <input type="checkbox"/> No Injury				
Description of Injuries:				
Person 2:				
Name (Last, First, MI)		DOB	Sex	Race
City		State		
Injury Status: <input type="checkbox"/> Killed <input type="checkbox"/> Injured <input type="checkbox"/> No Injury				
Description of Injuries:				

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DESCRIPTION OF INCIDENT
Date and Time of Incident:
Date and Time Reported to Prosecutor's Office:
Reported to the Prosecutor's Office by:
Location of Incident or Street Address:
Brief Summary of Incident: