

Time and Place City State Other details (home, school, etc.) Date (DD/MM/YYYY) Clock Time (HH:MM) Time of day (e.g. morning/afternoon/night)
Alleged Shooter(s) Name Gender Age Race
Victim(s) Name Gender Age Race Was the victim injured? Was the victim hospitalized? Was the victim killed?
Circumstances of shooting Type of gun Number of shots fired <i>Answer Yes/No/Not able to determine</i> The shooter and the victim knew each other. The incident was a case of domestic violence. The firearm was used during another crime. The firearm was used in self defense. Alcohol was involved. Drugs (other than alcohol) were involved. The shooting was self-directed. The shooting was a suicide or suicide attempt. The shooting was unintentional. The shooting was by a police officer. The shooting was directed at a police officer. The firearm was stolen. The firearm was owned by the victim/victim's family.