



**STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE**



Firearm Incident Reporting and Tracing

Pursuant to C.G.S § 54-36n and Public Act 23-69, print or type and submit form on date of seizure, retaining original copy in the incident file. (Case Report)
Email this completed form to **Statewide Firearms Trafficking/Gun Tracing Task Force** at DESPP.etrace@ct.gov

INCIDENT INFORMATION

Previously submitted to Etrace? (If no, leave blank) Yes	<input type="checkbox"/> Routine	<input type="checkbox"/> Priority	<input type="checkbox"/> Urgent (if urgent, check one or more of the boxes below)		
	<input type="checkbox"/> Assault	<input type="checkbox"/> Robbery	<input type="checkbox"/> Terrorist Threat	<input type="checkbox"/> Murder/Suicide	<input type="checkbox"/> Rape/Sexual Assault
	<input type="checkbox"/> Road Rage	<input type="checkbox"/> Terrorist Act	<input type="checkbox"/> Kidnapping	<input type="checkbox"/> Other(specify) _____	
2a. Gang Involved? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of Gang: _____	Juvenile Involved? <input type="checkbox"/> No <input type="checkbox"/> Yes	Age _____	Sent to lab for entry into NIBIN Database? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date sent: _____	
Date of Request	Incident Date:	Incident Time:	Was crime:	Non-Criminal	<input type="checkbox"/> Alleged <input type="checkbox"/> Attempted <input type="checkbox"/> Completed

AGENCY INFORMATION

Agency Case Number	Department/Unit	Officer's Name	Badge Number
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FIREARMS INFORMATION (Double check information for accuracy)

Serial Number: If serial number is not visible: <input type="checkbox"/> Attempted to Raise <input type="checkbox"/> Obliterated <input type="checkbox"/> None	Firearm Manufacturer	Type (code letter only, see below*)
Caliber	Model	Any Additional Markings
Recovery Date	Address/Location of Recovery: Number Street Name	Apt. City State Zip Code
Summary of Incident/Firearm Recovery:		Registered: Unregistered: Unknown: _____

POSSESSOR IDENTIFICATION

Name (Last) (First) (Middle) (Suffix) (Check Box if Possessor Unknown <input type="checkbox"/>)				
Was legally possessing firearm? <input type="checkbox"/> No <input type="checkbox"/> Yes	Criminal History <input type="checkbox"/> No <input type="checkbox"/> Yes	Prohibited from possessing firearms due to criminal history: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Alias (AKA) (Last) (First) (Middle) (Suffix)	AKA Date of Birth			
Height	Weight	Sex	Race	Address- Route No.
Apt. No.	Street No.	Direction	Street Name	City
County	State	Zip Code	Country	
Date of Birth	Place of Birth	State ID or Pistol Permit #	ID Type/State	

ASSOCIATE/OTHERS INVOLVED INFORMATION

Name (Last) (First) (Middle) (Suffix)	Criminal History? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Alias (AKA) (Last) (First) (Middle) (Suffix)	AKA Date of Birth			
Height	Weight	Sex	Race	Address – Route No.
Apartment No.	Street No.	Direction	Street Name	City
County	State	Zip Code	Country	
Date of Birth	Place of Birth	State ID or Pistol Permit #	ID Type/State	

*Letter codes for Firearm Type are as follows: **C**= Combination has both rifled & smooth bore barrels; **M**= Machines Gun fires more than one shot with a single trigger pull; **P**=Pistol, single shot or semiautomatic handgun with integral or permanently aligned chamber & barrel; **P/R** = Revolver, pistol design on cylinder rotation; **P/D**=Pistol/Derringer, small handgun with hinged or pivoting barrel(s), **R** = Rifle, long gun with rifled barrel; **S**=Shotgun, long gun with smooth bore barrel(s).

Click Here to Email as an attachment to DESPP.etrace@ct.gov



Appendix A — Additional Firearms
 (Attach additional pages of Appendix A if needed)
Double check firearm information for accuracy



Serial Number: If serial number is not visible: Attempted to Raise Obliterated None			Firearm Manufacturer	Type (code letter only, see below)
Caliber	Model	Any Additional Markings	Imported By	Country of Origin
Recovery Date	Address/Location of Recovery: Number Street Name Apt. City State Zip Code			
Summary of Incident/Firearm Recovery:			Registered: Unregistered: Unknown:	

Serial Number: If serial number is not visible: Attempted to Raise Obliterated None			Firearm Manufacturer	Type (code letter only, see below)
Caliber	Model	Any Additional Markings	Imported By	Country of Origin
Recovery Date	Address/Location of Recovery: Number Street Name Apt. City State Zip Code			
Summary of Incident/Firearm Recovery:			Registered: Unregistered: Unknown:	

Serial Number: If serial number is not visible: <input type="checkbox"/> Attempted to Raise Obliterated <input checked="" type="checkbox"/> None			Firearm Manufacturer	Type (code letter only, see below)
Caliber	Model	Any Additional Markings	Imported By	Country of Origin
Recovery Date	Address/Location of Recovery: Number Street Name Apt. City State Zip Code			
Summary of Incident/Firearm Recovery:			Registered: Unregistered: Unknown:	

Serial Number: If serial number is not visible: Attempted to Raise Obliterated None			Firearm Manufacturer	Type (code letter only, see below)
Caliber	Model	Any Additional Markings	Imported By	Country of Origin
Recovery Date	Address/Location of Recovery: Number Street Name Apt. City State Zip Code			
Summary of Incident/Firearm Recovery:			Registered: Unregistered: Unknown:	

*Letter codes for Firearm Type are as follows: C= Combination has both rifled & smooth bore barrels; M= Machines Gun fires more than one shot with a single trigger pull; P=Pistol, single shot or semiautomatic handgun with integral or permanently aligned chamber & barrel; P/R = Revolver, pistol design on cylinder rotation; P/ D=Pistol/Derringer, small handgun with hinged or pivoting barrel(s); R = Rifle, long gun with rifled barrel; S=Shotgun, long gun with smooth bore barrel(s).



Appendix B — Additional Persons

(Attach additional pages of Appendix B if needed)



Name (Last) (First) (Middle) (Suffix) (Check Box if Possessor Unknown <input type="checkbox"/>)				Possessor: Associate/Other:	
Was legally possessing firearm? <input type="checkbox"/> No <input type="checkbox"/> Yes		Criminal History <input type="checkbox"/> No <input type="checkbox"/> Yes		Prohibited from possessing firearms due to criminal history: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Alias (AKA) (Last) (First) (Middle) (Suffix)		AKA Date of Birth			
Height	Weight	Sex	Race	Address- Route No.	
Apt. No.	Street No.	Direction	Street Name	City	
County	State	Zip Code	Country		
Date of Birth	Place of Birth	State ID or Pistol Permit #	ID Type/State		

Name (Last) (First) (Middle) (Suffix) (Check Box if Possessor Unknown <input type="checkbox"/>)				Possessor: Associate/Other:	
Was legally possessing firearm? No Yes		Criminal History No Yes		Prohibited from possessing firearms due to criminal history: No Yes	
Alias (AKA) (Last) (First) (Middle) (Suffix)		AKA Date of Birth			
Height	Weight	Sex	Race	Address- Route No.	
Apt. No.	Street No.	Direction	Street Name	City	
County	State	Zip Code	Country		
Date of Birth	Place of Birth	State ID or Pistol Permit #	ID Type/State		

Name (Last) (First) (Middle) (Suffix) (Check Box if Possessor Unknown <input type="checkbox"/>)				Possessor: Associate/Other:	
Was legally possessing firearm? No Yes		Criminal History No Yes		Prohibited from possessing firearms due to criminal history: No Yes	
Alias (AKA) (Last) (First) (Middle) (Suffix)		AKA Date of Birth			
Height	Weight	Sex	Race	Address- Route No.	
Apt. No.	Street No.	Direction	Street Name	City	
County	State	Zip Code	Country		
Date of Birth	Place of Birth	State ID or Pistol Permit #	ID Type/State		

Name (Last) (First) (Middle) (Suffix) (Check Box if Possessor Unknown <input type="checkbox"/>)				Possessor: Associate/Other:	
Was legally possessing firearm? <input type="checkbox"/> No <input type="checkbox"/> Yes		Criminal History <input type="checkbox"/> No <input type="checkbox"/> Yes		Prohibited from possessing firearms due to criminal history: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Alias (AKA) (Last) (First) (Middle) (Suffix)		AKA Date of Birth			
Height	Weight	Sex	Race	Address- Route No.	
Apt. No.	Street No.	Direction	Street Name	City	
County	State	Zip Code	Country		
Date of Birth	Place of Birth	State ID or Pistol Permit #	ID Type/State		