

MEMORIAL | MUSEUM | OFFICER SAFETY & WELLNESS

AGENCY INFORMATION

NAME of AGENCY HEAD: _				
SUBMITTING AGENCY:				
OFFICER AGENCY:				
MAILING ADDRESS:		City:	State	Zip
CONTACT PERSON PHONE	E & E-MAIL ADDRESS			
	PERSONAL DAT	A ON DECEDENT OF	FICER	
FIRST NAME:	MIDDLE NA	_		UFFIX, IF APPLICABLE):
RANK OR FITLE:	WAS DECEDENT A DU WITH FULL ARREST I YES NO OTH			
DATE OF INCIDENT:	TIME OF INCIDENT: (MILITARY)	DATE OF DEATH:	AGE:	SEX:
	ED/LICENSED BY STATE, RAINING ACADEMY? •		er Standards Tra	ining), OR BY A FEDER
LENGTH OF LAW ENFO	RCEMENT SERVICE:			
MARITAL STATUS: □ SI	NGLE □ MARRIED □ D	IVORCED WIDOWED	■ UNKNOWN	# OF CHILDREN:
RACE: 🗖 ASIAN 🗖 AFRICA	AN-AMERICAN 🗖 CAUCASIAI	N □ HISPANIC □ NATIVE A	AMERICAN 🗖	OTHER UNKNOWN
	CIRCUMSTANO	CES OF OFFICER'S D	EATH	
WAS OFFICER ON DUTY A	T THE TIME OF INCIDENT?	? □ YES □ NO □	UNKNOWN	
THE CAUSE OF DEATH WA	AS:	JLT • ACCIDENTAL	SITUATION	
WAS OFFENDER UNDER T	HE INFLUENCE OF: ALCO	DHOL □ NARCOTICS □ BOT	TH □ UNKNOW	/N □ NOT APPLICABLE
WAS THIS A TASK FORCE	OPERATION? □ YES □	□ NO □ UNKNOWN □	NOT APPLICABL	E
	- · · · · - ·			

NLEOMF MEMORIAL RESEARCH

444 E Street, NW | Washington, DC 20001 | (202) 737-3400 phone (202) 737-3405 fax www.nleomf.org website | research@nleomf.org email

Please check the scenario that best describes the action that initiated the fatal incident:			
	Officer was dispatched following a call to 911, an emergency communications call center or police station <i>If so, include a complete copy of the CAD sheet, Call Sheet, or Dispatch Data</i>		
	Sheet showing all the call information.		
	Officer was responding to a call for assistance from another officer		
	Officer was on a self-initiated activity, such as a vehicle stop or pedestrian stop		
	Officer was responding to a cell phone call from a citizen or confidential source		
	Officer was engaged in a tactical operation (search warrant, buy/bust, barricade)		
	Officer was flagged down or otherwise spontaneously contacted by a citizen		
	Officer was on an administrative assignment (in transit to event or training)		
	Other, please describe		
(A) CI			
	A secult cell (fights, threats, or essents with weepons)		
Ш	Assault call (fights, threats, or assaults with weapons)		
	Burglary in progress call or pursuing burglary suspect		
	Disturbance calls (disorderly persons, loud noise, traffic complaint, etc.) Domestic disturbance/violence calls (family fights, custody dispute, stalking, etc.)		
	Drug related (possession, transporting, distribution, production)		
	Emergency call/Search and rescue		
	Investigate the trouble or suspicious person call		
	Mentally ill or emotionally disturbed person call Officer in trouble call		
	Robbery in progress call or pursuing robbery suspect		
	Shots fired call		
	Theft or fraud call (Shoplifting, theft of property, credit card fraud)		
	Traffic enforcement (Stop, Check Point, running radar)		
	Traffic crash (vehicle crash or pedestrian struck)		
	Traine crash (vehicle crash of pedesarah sa dek)		
(B) Ch	eck the box that best describes the circumstances involved in the death:		
	Ambush (premeditated, unexpected assault while concealed or by calculated advantage)		
	Attempting to place under arrest (foot chase or searching for suspect)		
	Civil disorder (mass demonstration or riot, etc.)		
	Handling, transporting, custody of prisoners.		
	Investigative activity (questioning suspects, taking report, interviewing witnesses)		
	Tactical situation (felony stop, barricade, executing search warrant, hostage)		
	Vehicular pursuit (collision, intentionally struck, placing stop sticks)		
	Inadvertent shooting (crossfire, mistaken for offender, training mishap, etc.)		
	Automobile crash (collision with another motor vehicle)		
	Single automobile crash (vehicle left roadway or struck fixed object)		
	Motorcycle crash (collision with another motor vehicle)		
	Single motorcycle crash (motorcycle left roadway, skidded or struck fixed object)		
	Struck by vehicle		
	Aircraft accident		
	Training		
	Other cause (Fall, drowning, fire, etc. (specify)		
	9-11 related illness		
	Job related illness, (e.g. stress induced heart attack)		
What w	ras the approximate distance between the decedent officer and the offender(s)? □ 0-5 feet □ 6-10 feet □ 11-20 feet □ 21-50 feet □ Greater than 50 feet □ N/A		
If this c	ase involved a traffic collision, was it a violation of the "Move Over" law? ■ Yes ■ No		

Wagner	against the Officer
Weapon used ☐ Firearm (check one): ☐ Handgun ☐ Rifle	against the Officer: □ Shotgun □ Officer's own weapon
☐ Armor-piercing ammunition	☐ Knife or other cutting instrument
	☐ Blunt instrument (club, brick, etc.)
□ Vehicle	(specify):
☐ Personal weapons (hands, fists, feet, etc.)	Other
	(specify):
Involvement	t of other Officers:
■ DECEASED (officer(s) killed in same incident	t) U WOUNDED (officer(s) wounded in same incident)
	[identify officer(s)]
SPECI	IAL SQUAD
1. Drug: Drug Team Member	4. K-9: K-9 Officer
2. ERT: Emergency Response Team	5. SWAT: SWAT Team Member
3. GTF: Gang Task Force	
Was Decedent wearing body armor?	No Yes:hard body armor soft body armor
Was body armor penetrated?	
Was Decedent wearing a seatbelt? □ No	
Was Decedent in uniform? □ No □ Ye	
Was Decedent driving/riding in a departm	
was beeedent driving/riding in a departin	tent venicle: E 140 E 163 E 14/1
PROVIDE A BRIEF DESCRIP	TION OF THE CIRCUMSTANCES:
	I. A note of "See Attached Document" is not acceptable.
•	•
INCLUDE THE FOLLO	OWING DOCUMENTATION:
1. Incident report (with narrative)	5. News articles regarding incident/death
2. CAD sheet/Dispatch data	6. Copy of officer's sworn certificate
3. Death certificate	7. High quality Officer photograph (pg. 4)
4. Autopsy Report (if available)	
	T SEARCH AND EXERCISED A GOOD FAITH EFFORT TO DATTACHED HERETO IS TRUE AND CORRECT, AND THAT F DUTY.
OUR AGENCY HAS CONCLUDED THAT THIS OF	FICER'S DEATH IS NOT CONSIDERED LINE OF DUTY.
(Signature of Agency Head)	(Date)

The criteria for including an officer's name on the National Law Enforcement Officers Memorial are separate and distinct from the line-of-duty-death criteria used by other entities or programs, including state and local law enforcement memorials and the Public Safety Officers' Benefits (PSOB) Program, U.S. Department of Justice. Acceptance for inclusion on the National Law Enforcement Officers Memorial in no way impacts decisions made by the federal government regarding the awarding of PSOB benefits. For more information about PSOB, visit www.psob.gov or call 1-888-744-6513.

PLEASE PROVIDE US WITH A LIST OF SURVIVING FAMILY MEMBERS.

*We require the name and address of at least one surviving family member for verification of information provided by the department, particularly, the spelling of the officer's name, as it will appear on the Memorial wall. Survivor information is for internal use only and will not be released to the media or others without the expressed consent of the individual. Survivors will receive invitations to Memorial sponsored events, newsletters and other Memorial-related mailings.

Name:	Name:
Address:	
City, State, Zip:	
Telephone:	
Relationship to officer:	Relationship to officer:
Email:	Email:
Name:	Name:
Address:	
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
Relationship to officer:	
Email:	
Name:	Name:
Address:	
City, State, Zip:	
Telephone:	
Relationship to officer:	_
Email:	

PHOTOGRAPH REQUIREMENTS

The Memorial Fund requires a high quality photograph of the victim officer. **Do not send a photocopy.** Send a high resolution image no smaller than 4" x 6" and no larger than 8" x 11".

If you are sending a digital photo electronically, use an original photo that is at least 4" x 6" and scan the photo at a resolution of 600 ppi (pixels per inch). Save the digital photo on a formatted CD or USB flash drive. NLEOMF will not be able to return the CD or the flash drive. You may email the photo to research@nleomf.org

*The NLEOMF Officer Data Form should be submitted, with documentation, even if survivors and or the officer's picture cannot be located. [2016]