National Law Enforcement Officers MEMORIAL FUND
RESPECT. HONOR. REMEMBER.

OFFICER DATA FORM

AGENCY INFORMATION

NAME of AGENCY HEAD: _____

SUBMITTING AGENCY: _____

OFFICER AGENCY: _____

MAILING ADDRESS: _____City: _____State _____ Zip_____

PHONE _____FAX _____CONTACT PERSON_____

CONTACT PERSON PHONE & E-MAIL ADDRESS_____

PERSONAL DATA ON DECEDENT OFFICER

FIRST NAME:	MIDDLE NAME:	SURNAME (INCLUDING SUFFIX, IF APPLICABLE):

RANK OR TITLE: _____

WAS DECEDENT A DULY SWORN OFFICER WITH FULL ARREST POWERS?
☐ YES ☐ NO ☐ OTHER EXPLAIN: _____

DATE OF INCIDENT:	TIME OF INCIDENT: (MILITARY)	DATE OF DEATH:	AGE:	SEX:

WAS OFFICER CERTIFIED/LICENSED BY STATE, BY P.O.S.T. (Police Officer Standards Training), OR BY A FEDERAL LAW ENFORCEMENT TRAINING ACADEMY? ☐ YES ☐ NO

LENGTH OF LAW ENFORCEMENT SERVICE: _____

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ UNKNOWN # OF CHILDREN: _____

RACE: ☐ ASIAN ☐ AFRICAN-AMERICAN ☐ CAUCASIAN ☐ HISPANIC ☐ NATIVE AMERICAN ☐ OTHER ☐ UNKNOWN

CIRCUMSTANCES OF OFFICER'S DEATH

WAS OFFICER ON DUTY AT THE TIME OF INCIDENT? ☐ YES ☐ NO ☐ UNKNOWN

THE CAUSE OF DEATH WAS: ☐ FELONIOUS ASSAULT ☐ ACCIDENTAL SITUATION

WAS OFFENDER UNDER THE INFLUENCE OF: ☐ ALCOHOL ☐ NARCOTICS ☐ BOTH ☐ UNKNOWN ☐ NOT APPLICABLE

WAS THIS A TASK FORCE OPERATION? ☐ YES ☐ NO ☐ UNKNOWN ☐ NOT APPLICABLE

NLEOMF MEMORIAL RESEARCH

444 E Street, NW | Washington, DC 20001 | (202) 737-3400 phone
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 ***If so, include a complete copy of the CAD sheet, Call Sheet, or Dispatch Data 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) Check the type of call or activity that the officer was responding to:

- ☐ 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)

(B) Check 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 was 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 case involved a traffic collision, was it a violation of the "Move Over" law? ☐ Yes ☐ No

Weapon used against the Officer:

☐ Firearm (check one): ☐ Handgun ☐ Rifle ☐ Shotgun ☐ Officer's own weapon
☐ Armor-piercing ammunition
☐ Bomb
☐ Vehicle
☐ Personal weapons (hands, fists, feet, etc.)
☐ Knife or other cutting instrument
☐ Blunt instrument (club, brick, etc.)
(specify):_____
☐ Other
(specify):_____

Involvement of other Officers:

☐ DECEASED (officer(s) killed in same incident) ☐ WOUNDED (officer(s) wounded in same incident)

_____ [identify officer(s)]

SPECIAL SQUAD

1. Drug: Drug Team Member ___
2. ERT: Emergency Response Team ___
3. GTF: Gang Task Force ___
4. K-9: K-9 Officer ___
5. SWAT: SWAT Team Member ___

Was Decedent wearing body armor? ☐ No ☐ Yes: __ hard body armor __ soft body armor
Was body armor penetrated? ☐ No ☐ Yes
Was Decedent wearing a seatbelt? ☐ No ☐ Yes
Was Decedent in uniform? ☐ No ☐ Yes ☐ Plainclothes
Was Decedent driving/riding in a department vehicle? ☐ No ☐ Yes ☐ N/A

PROVIDE A BRIEF DESCRIPTION OF THE CIRCUMSTANCES:

This information is critical and must be completed. A note of "See Attached Document" is not acceptable.

_____

_____

_____

INCLUDE THE FOLLOWING DOCUMENTATION:

1. Incident report (with narrative)
2. CAD sheet/Dispatch data
3. Death certificate
4. Autopsy Report (if available)
5. News articles regarding incident/death
6. Copy of officer's sworn certificate
7. High quality Officer photograph (pg. 4)

☐ **OUR AGENCY HAS CONDUCTED A DILIGENT SEARCH AND EXERCISED A GOOD FAITH EFFORT TO VERIFY THAT THE INFORMATION PROVIDED AND ATTACHED HERETO IS TRUE AND CORRECT, AND THAT THIS OFFICER HAS DIED IN THE PERFORMANCE OF DUTY.**

☐ **OUR AGENCY HAS CONCLUDED THAT THIS OFFICER'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: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Relationship to officer: _____
Email: _____

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

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

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

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]

THE DEADLINE FOR SUBMITTING THIS FORM IS DECEMBER 31ST.