



National Law Enforcement Officers MEMORIAL FUND

NLEOMF 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 VICTIM OFFICER

<u>FIRST NAME:</u>	<u>MIDDLE NAME:</u>	<u>SURNAME (INCLUDING SUFFIX, IF APPLICABLE):</u>

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: _____ (Years or months)

MARITAL STATUS: SINGLE MARRIED DIVORCED UNKNOWN NUMBER OF CHILDREN: _____

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

CIRCUMSTANCES OF VICTIM OFFICER'S DEATH

WAS VICTIM 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

NLEOMF ADMINISTRATIVE OFFICES

901 E Street, NW | Suite 100 | Washington, DC 20004-2025 | (202) 737-3400 phone (202) 737- 3405 fax
www.nleomf.org website | research@nleomf.org email

(A) Check the circumstance that best describes the felonious death; if accidental death, skip to (B):

- Disturbance call (bar fights, person with firearm, etc.)
- Domestic disturbance call (family quarrels)
- Burglary in progress or pursuing burglary suspects
- Robbery in progress or pursuing robbery suspects
- Drug-related matter (drug bust, buys, etc.)
- Attempting other arrest (excludes burglary and robbery arrest)
- Civil disorder (mass disobedience, riot, etc.)
- Handling, transporting, custody of prisoners
- Investigating suspicious persons or circumstances
- Ambush (entrapment and premeditation)
- Ambush (unprovoked attack)
- Investigative activity (surveillance, searches, interviews, etc.)
- Handling mentally deranged persons
- Traffic pursuits and stops (check one): Felony vehicle stop Traffic violation stop
- Tactical situation (barricaded offender, hostage taking, or high-risk entry)

(B) Check the circumstance that best describes the accidental death:

- Accidental shooting (crossfire, mistaken for offender, mishap)
- Accidental shooting (training mishap)
- Accidental shooting (self inflicted, cleaning mishap, or not apparent or confirmed suicide)
- Automobile accident (unrelated to enforcement, e.g., an assistance activity)
- Automobile accident (related to criminal enforcement activity)
- Motorcycle accident (unrelated to enforcement, e.g., an assistance activity)
- Motorcycle accident (related to criminal enforcement activity)
- Struck by vehicle (unrelated to enforcement, e.g., an assistance activity)
- Struck by vehicle (related to criminal enforcement activity)
- Aircraft accident
- Other accidental (fall, fire, drowning, etc.)
(specify): _____

Weapon used to kill victim Officer:

- | | |
|--|--|
| <input type="checkbox"/> Firearm (check one): | <input type="checkbox"/> Personal weapons (hands, fists, feet, etc.) |
| <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Knife or other cutting instrument | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bomb | (specify): _____ |
| <input type="checkbox"/> Blunt instrument (club, brick, etc.) | |
| (specify): _____ | |

Involvement of other Officers:

- DECEASED (other officers killed in same incident):

(identify)

- WOUNDED (other officers wounded in same incident):

(identify)

Indicate the location of the incident by:

City: _____

State: _____

County: _____

Precinct/Barrack/Station: _____

Special Squad (check applicable):

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 protective armor? Yes No N/A Unknown

Was Decedent wearing a seatbelt? Yes No N/A Unknown

Was Decedent in uniform? Yes No N/A Unknown

Was Decedent driving/riding in a department vehicle? Yes No N/A Unknown

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:

1. Agency incident report
2. Death certificate and/or coroner's report
3. Copies of newspaper articles regarding incident/death
4. Copy of victim officer's sworn officer certificate
5. A quality photograph (if available) of the victim officer – do not send a photocopy

If these items have not been included, provide an explanation below:

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)

December 31st of each calendar year is the submission deadline to be considered for inclusion on the Memorial for the following year.

ENTER SURVIVOR INFORMATION ON THE FOLLOWING PAGE

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. The NLEOMF does not knowingly solicit donations from survivors. 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: _____
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Telephone: _____
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***The NLEOMF Officer Data Form should be submitted even if survivors cannot be located.**

(Rev. 03/2010)