1-701 (Rev. 1-10-07) OMB No. 1110-0009 Expires 2-29-10 ANALYSIS OF LAW ENFORCEMENT OFFICERS KILLED AND ASSAULTED Agency Identifier \_\_\_\_\_ Assault with Injury Agency Agency Address \_\_\_\_\_ Feloniously Killed Accidental Death (Complete 1-14 and 56 only) This report is authorized by law Title 28, Section 534, U.S. Code. Please use this form to report circumstances regarding law enforcement officers of your department who were killed or who were assaulted and injured with a firearm or a knife or other cutting instrument. The information submitted will assist the FBI in the compilation of the annual publication, Law Enforcement Officers Killed and Assaulted, providing valuable data for law enforcement purposes, including police training. Your cooperation is appreciated PART I - PERSONAL DATA PERTAINING TO VICTIM OFFICER 1. Name: \_\_\_\_\_ Middle First 3. Total law enforcement experience: 2. Rank: Months 5. Sex: Male Female 6. Race: White American Indian / Alaskan Native 7. Height: Black Asian / Pacific Islander Weight: 8. Was victim officer certified/licensed by state, by P.O.S.T (Police Officer Standards Training), or by a federal law enforcement training academy? Yes (A) If yes, number of months since officer's last firearms training. (enter 00 if no training received): (B) If yes, number of months since officer's last defensive tactics training. (enter 00 if no training received): PART II - CIRCUMSTANCES SURROUNDING THE ASSAULT OR DEATH OF VICTIM OFFICER 9. Situation in which assault or death occurred: (A) Check the circumstance that best describes the assault with injury or felonious killing; 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 busts, buys, etc.) Attempting other arrest (excludes burglary and robbery arrest) DO NOT WRITE HERE Livil disorder (mass disobedience, riot, etc.)

Handling, transporting, custody of prisoners

Ambush (entrapment and premeditation)

Ambush (unprovoked attack)

☐ Investigating suspicious persons or circumstances

File Number

ORI Number Group

Region Division

Incident Number

Date and Initials

		Investigative activity (sur	veillance, searches, interviews,	etc.)		
		Handling persons with mental illness				
	Traffic pursuits and stops (check one):					
		Felony vehicle stop	☐ Traffic violation sto	p		
		Tactical situation (barrica	ded offender, hostage taking, or	r high-risk entry)		
		Ballistic shield used:	Yes No			
(E	3) Che	eck the circumstance th	at best describes the accident	al death:		
		Accidental shooting (cros	ssfire, mistaken for offender, mis	hap)		
		Accidental shooting (train	ning mishap)			
		Accidental shooting (self	inflicted, cleaning mishap, or no	t apparent or confirmed suicide)		
		Automobile accident (unr	elated to enforcement, e.g., an	assistance activity)		
		Automobile accident (rela	ated to criminal enforcement acti	ivity)		
		Motorcycle accident (unre	elated to enforcement, e.g., an a	assistance activity)		
		Motorcycle accident (rela	ted to criminal enforcement acti	vity)		
		Struck by vehicle (unrela	ted to enforcement, e.g., an ass	istance activity)		
		Struck by vehicle (related	to criminal enforcement activity	<b>(</b> )		
		Aircraft accident				
		Other accidental (fall, fire	e, drowning, etc.) (specify):			
10. ·	Туре	of assignment (check one	e):			
	☐ F	oot patrol	Two-officer vehicle	Special assignment	Off duty	
	□ o	ne-officer vehicle	Detective	Undercover	Other (specify):	
11.	Involv	ement of other officers (	(check one):		(Specify).	
	ПА	lone, no assistance reque	sted			
	ПА	lone, assistance requeste	d			
	ПА	ssisted by other officer(s)	at time of incident			
12. I	Date, t	time, and conditions who	en incident occurred:			
	Date:	/ / / Month Day		Time: (Military HHMM)		
		Month Day	Year			
,	Weath	ner conditions:		Lighting conditions:		
13. l	Date o	of victim officer's death:	/ /	<del></del>		
			Month Day Ye	ear		
14. I	Indica	te the location of the inc				
					(ii dooldcrital dodtii, ship to	
			State		number 56.)	

15.	i. If assaulted, has victim of	fficer returned to dut	y? Yes		lo	
	If yes, date of return:	/ / Month Day	Year			
16.						
	(A) Did victim officer contact radio dispatcher prior to attack?					
	(B) Please indicate whether (check one):					
	☐ Victim was approa	ching offender(s) at tin	ne of attack			
	☐ Victim was returning	ng to police unit at time	e of attack			
	☐ Victim was intervie	wing offender(s) in po	lice unit at time of	attack		
	Other (specify):					
	(C) Location of offender(	s) in suspect vehicle	(If multiple offend	ers, indicate	e in order, starting with prin	nary suspect as "A."):
	Driver	Right front	Center Center	rear	Outside vehicle	
	Center front	Left rear	Right re	ear	Unknown	
17.	. Location of circumstance	es:				
	Residential	Commercial	Governme	nt/public		
	Inside	☐ Inside ☐ Inside				
	Outside Outside		Outside			
18.	B. Was cover available to vio	ctim officer?	Yes	lo	If yes, was it used?	Yes No
19.	). Did offender utilize cover	?	☐ No			
20.	Please indicate the distart (check one):	nce between the victi	m officer and the	offender at	the time the officer was	assaulted or killed
	☐ 0-5 feet ☐	11-20 feet	Over 50 feet			
	☐ 6-10 feet ☐	21-50 feet	Unknown			
21.	. (A) Location of wounds	inflicted upon victim	officer (check all	applicable):		
	Front head	Neck/throat		Front	lower torso/stomach	Rear below waist
	Rear head	Front upper tor	rso/chest	Rearl	ower torso/back	Arms/hands
	☐ Side head	Rear upper tor	so/back	Front	below waist	
	(B) If killed, indicate whi	ch location was the f	atal wound:			
22.	22. Was victim officer wearing protective body armor at time of attack?					
	If yes and victim was sho	t in torso area:				
	(A) Did bullet cause more	tal wound?	s 🔲 No			

	(B) How did the bullet circumvent the body armor?				
	☐ Entered between side panels of vest				
	Entered through armhole or shoulder area of vest				
	☐ Entered above vest (front or back of neck, collarbone area, etc.)				
	☐ Entered below vest (abdominal or lower back area)				
	Penetrated through the vest (round more powerful than vest's capabilities/specifications)				
	Penetrated through the vest (body armor failure)				
23.	Was victim officer in police uniform at time of incident?				
	Yes What was uniform color?				
	No Was other identification evident? (none, raid jacket, vest, etc.) (specify):				
24.	Did victim officer have prior knowledge that a weapon might be involved?				
	☐ Yes ☐ No ☐ Unknown				
25.	Weapon used to assault or kill victim officer (check one):				
	☐ Firearm ☐ Personal weapons (hands, fists, feet, etc.)				
	☐ Knife or other cutting instrument ☐ Vehicle				
	☐ Bomb ☐ Other				
	Blunt instrument (club, brick, etc.)				
	(specify):				
26.	If firearm, description of weapon used to assault or kill victim officer:				
	☐ Handgun ☐ Rifle ☐ Shotgun				
	Make: Cartridge type (include caliber):				
	Model: Barrel length:				
	Type: Automatic Bolt action				
	☐ Semiautomatic ☐ Pump ☐ Lever action				
27.	Was victim officer disarmed during the attack? ☐ Yes ☐ No				
28.	Was victim officer assaulted or killed with own weapon?				
29.	Was victim officer's weapon stolen (taken from scene) by the offender?				
30.	Did victim officer fire own weapon? ☐ Yes ☐ No (If no, skip to question 32.)				
	If yes, number of shots fired:				

31. Did victim officer's shots hit the offender(s)?	□ No			
(A) If yes, how many rounds hit offender(s)?				
(B) Number of shots fired by other officer(s):	<u></u>			
32. If victim officer did not fire service weapon, did he/she atterweapon, or by some other action? Yes No.	_			
If yes, did victim officer's weapon malfunction?	☐ No ☐ Unknown			
33. Description of victim officer's service weapon:				
☐ Handgun ☐ Rifle ☐ Shotgun				
Make:	Cartridge type (include caliber):			
Model:	Barrel length:			
Type: Automatic Revolver	Bolt action			
Semiautomatic Pump	Lever action			
34. Did victim officer carry a backup weapon?	□ No			
(A) If yes, did victim officer use the backup weapon? $\ \square$	Yes No			
(B) If yes, type of backup weapon used:				
(a) Handgun Rifle Shotgur	1			
Make: Cartridge type (include caliber):				
Model:	Barrel length:			
Type: Automatic Revolver	☐ Bolt action			
☐ Semiautomatic ☐ Pump	Lever action			
(b) Other defensive weapon (baton, Mace, etc.) (specify	):			
35. Did victim officer have extra ammunition?	☐ No (If no, skip to question 37.)			
36. Did victim officer reload during incident?	☐ No ☐ Unknown			
37. Was victim officer wearing a holster at time of incident?	☐ Yes ☐ No			
(A) Type of holster:  Crossdraw Sidedraw	Shoulder Other (specify):			
(B) Model of holster: ☐ Strapover ☐ Thumb rel	ease			
38. Number of shots fired by offender(s):	Unknown			
39. Number of offenders present at time of incident:	Unknown			

## PART III - OFFENDER DATA

Even though your agency may not have complete information concerning the offender(s), please provide the data you have available. If more than one offender is involved in the incident, please complete ADDITIONAL OFFENDER DATA SHEETS for each offender. Complete these sheets only for known offender(s) and accomplice(s) involved in the victim officer's killing or assault and not for those individuals merely present at the scene. These data will be published with national data only in aggregate and not identified by individual agency or person. In answering the following items, it is assumed that the offender(s) is at least identified if not in custody.

40.	Offender's name:				
		Last	First		Middle
	If multiple offenders, please	note offender's sequence numb	er as in question 16 (C):		
41.	Offender's date of birth:	1 1	<u></u>		
		Month Day Year	ſ		
42.	Offender's sex:	e Female			
43.	Offender's race: Whit		/ Alaskan Native	Unknown	
	∐ Blac	k Asian / Pacific Is	lander		
44.	Offender's height:	/			
		Feet Inches			
	Offender's weight:				
45.	Offender's place of birth:				
		City	County		State/Country
46.	Offender's current or last I		N:		21.1
		(	City	County	State
47.	Offender's FBI number:				
48.	Offender's current status (	(check all applicable):			
	_	,, ,, ,, ,, ,, ,, ,, ,,			
	At large				
	Deceased, justifiably killed	ed by victim officer			
	Deceased, justifiably killed	ed by person(s) other than victim	n officer		
	Committed suicide				
	Deceased, died under of	ther circumstances			
	☐ Wounded by victim office	er			
	☐ Wounded by person(s) of	other than victim officer			
	Arrested (specify date of		/		
		Month Day	Year		
	☐ Charges placed against	offender:			
	Other (specify):				

49.	49. Offender's prior arrests known to your department:					
50.	Was offender	under judicial	supervision at time of incident?			
	Yes	☐ No	Unknown			
	If yes, offende	er was on:				
	Probation	[	Escapee from penal institution			
	Parole		Conditional release, pending criminal prosecution			
	☐ Halfway h	ouse				
51.	Is offender kno	own to your d	epartment as a user, dealer, or possessor of a controlled substance (narcotics)?			
	Yes	☐ No	Unknown			
	If yes, offende	er was:				
	User	☐ Dealer	Possessor			
52.	Was offender	under the infl	uence of a controlled substance (narcotics) at time of incident?			
	Yes	☐ No	Unknown			
53.	Was offender	intoxicated or	under the influence of alcohol at time of incident?			
	Yes	☐ No	Unknown			
54.	Was offender	known to you	r department as having prior mental disorders?			
	Yes	☐ No				
55.	Relationship b	etween victin	n officer and offender (check one):			
	☐ Victim office	cer and offende	er had prior relationship through law enforcement (such as arrest, investigation, etc.			
	☐ Victim office	cer and offende	er had non-law enforcement relationship (such as neighbor, acquaintance, relative, etc.			
	☐ No known	relationship				

56.	/ritten Summation:
	Because a synopsis of each felonious police killing is included in the annual publication, <i>Law Enforcement Officers Killed and Assaulted</i> , pertinent details from the victim officer's agency are necessary to present a useful narrative concerning the officer's death. Likewise, details regarding serious assaults and accidental line-of-duty deaths are useful. Therefore, in the space below, you are requested to provide a written summation of the events surrounding the victim officer's death/assault. The success of our endeavors to prevent further line-of-duty deaths by presenting information which may be incorporated into police training programs depends to a large extent on the quality of data obtained from the victim officer's agency. (Please type or print clearly.)
-	
-	
-	
-	
Pre	pared by: (Please print clearly.)  Month Day Year
NOT	If this questionnaire was completed because an officer was assaulted and sustained personal injury with a firearm or a knife or other cutting instrument, we ask that the report be forwarded to the agency's state Uniform Crime Reporting Program or forwarded directly to the FBI, Criminal Justice Information Services Division, Attention: LEOKA Program, Module E-3, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306; telephone (304) 625-4830, or facsimile to (304) 625-3566. Otherwise, this questionnaire should be forwarded to the local FBI field office. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately one hour to complete.

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