

- Investigative activity (surveillance, searches, interviews, etc.)
- Handling persons with mental illness
- Traffic pursuits and stops (check one):
 - Felony vehicle stop Traffic violation stop
- Tactical situation (barricaded offender, hostage taking, or high-risk entry)
 - Ballistic shield used: Yes No

(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): _____

10. Type of assignment (check one):

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Foot patrol | <input type="checkbox"/> Two-officer vehicle | <input type="checkbox"/> Special assignment | <input type="checkbox"/> Off duty |
| <input type="checkbox"/> One-officer vehicle | <input type="checkbox"/> Detective | <input type="checkbox"/> Undercover | <input type="checkbox"/> Other (specify): _____ |

11. Involvement of other officers (check one):

- Alone, no assistance requested
- Alone, assistance requested
- Assisted by other officer(s) at time of incident

12. Date, time, and conditions when incident occurred:

Date: _____ / _____ / _____ **Time:** (Military HHMM) _____
 Month Day Year

Weather conditions: _____ **Lighting conditions:** _____

13. Date of victim officer's death: _____ / _____ / _____
 Month Day Year

14. Indicate the location of the incident by: City _____
 County _____
 State _____ (If accidental death, skip to number 56.)

15. If assaulted, has victim officer returned to duty? Yes No

If yes, date of return: _____ / _____ / _____
Month Day Year

16. If victim officer was assaulted or killed during a traffic stop,

(A) Did victim officer contact radio dispatcher prior to attack? Yes No

(B) Please indicate whether (check one):

- Victim was approaching offender(s) at time of attack
 Victim was returning to police unit at time of attack
 Victim was interviewing offender(s) in police unit at time of attack
 Other (specify): _____

(C) Location of offender(s) in suspect vehicle (If multiple offenders, indicate in order, starting with primary suspect as "A."):

- Driver Right front Center rear Outside vehicle
 Center front Left rear Right rear Unknown

17. Location of circumstances:

- Residential Commercial Government/public
 Inside Inside Inside
 Outside Outside Outside

18. Was cover available to victim officer? Yes No If yes, was it used? Yes No

19. Did offender utilize cover? Yes No

20. Please indicate the distance between the victim officer and the offender at the time the officer was assaulted or killed (check one):

- 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 torso/chest Rear lower torso/back Arms/hands
 Side head Rear upper torso/back Front below waist

(B) If killed, indicate which location was the fatal wound: _____

22. Was victim officer wearing protective body armor at time of attack? Yes No

If yes and victim was shot in torso area:

(A) Did bullet cause mortal wound? Yes 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):

- | | |
|---|--|
| <input type="checkbox"/> Firearm | <input type="checkbox"/> Personal weapons (hands, fists, feet, etc.) |
| <input type="checkbox"/> Knife or other cutting instrument | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Bomb | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> 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 Revolver 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? Yes No

29. Was victim officer's weapon stolen (taken from scene) by the offender? Yes No

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)? Yes No

(A) If yes, how many rounds hit offender(s)? _____

(B) Number of shots fired by other officer(s): _____

32. If victim officer did not fire service weapon, did he/she attempt to use service weapon by unsnapping holster, drawing weapon, or by some other action? Yes No Unknown

If yes, did victim officer's weapon malfunction? Yes 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? Yes No

(A) If yes, did victim officer use the backup weapon? Yes No

(B) If yes, type of backup weapon used:

(a) Handgun Rifle Shotgun

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? Yes No (If no, skip to question 37.)

36. Did victim officer reload during incident? Yes No Unknown

37. Was victim officer wearing a holster at time of incident? Yes No

If yes,

(A) Type of holster: Crossdraw Sidedraw Shoulder Other (specify): _____

(B) Model of holster: Strapover Thumb release Flaptop Other (specify): _____

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 number as in question 16 (C): _____

41. Offender's date of birth: _____
Month Day Year

42. Offender's sex: Male Female

43. Offender's race: White American Indian / Alaskan Native Unknown
 Black Asian / Pacific Islander

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 known residence: _____
City County State

47. Offender's FBI number:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

48. Offender's current status (check all applicable):

- At large
- Deceased, justifiably killed by victim officer
- Deceased, justifiably killed by person(s) other than victim officer
- Committed suicide
- Deceased, died under other circumstances
- Wounded by victim officer
- Wounded by person(s) other than victim officer
- Arrested (specify date of arrest): _____
Month Day Year
- Charges placed against offender: _____
- Other (specify): _____

49. Offender's prior arrests known to your department: _____

50. Was offender under judicial supervision at time of incident?

Yes No Unknown

If yes, offender was on:

Probation Escapee from penal institution
 Parole Conditional release, pending criminal prosecution
 Halfway house

51. Is offender known to your department as a user, dealer, or possessor of a controlled substance (narcotics)?

Yes No Unknown

If yes, offender was:

User Dealer Possessor

52. Was offender under the influence 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 your department as having prior mental disorders?

Yes No

55. Relationship between victim officer and offender (check one):

Victim officer and offender had prior relationship through law enforcement (such as arrest, investigation, etc.)
 Victim officer and offender had non-law enforcement relationship (such as neighbor, acquaintance, relative, etc.)
 No known relationship

