

**Law Enforcement Officers Killed and Assaulted Program
ANALYSIS OF OFFICERS FELONIOUSLY KILLED AND ASSAULTED**

This report is authorized by law Title 28, Section 534, U.S. Code. Please use this form to report circumstances and other details regarding law enforcement officers from your department who were killed or assaulted and injured with a firearm or a knife or other cutting instrument. The information you submit will assist the FBI in the compilation of the annual publication, *Law Enforcement Officers Killed and Assaulted*, and will also provide valuable data for law enforcement purposes, including officer training. Your cooperation, time, and effort are appreciated.

DATA PERTAINING TO VICTIM OFFICER'S AGENCY

Agency _____

Originating Agency Identifier (ORI) _____

Head of agency _____
Rank/Title First Middle (If no middle name, indicate 'NMN.') **Last**

Agency address _____
Mailing address City State Zip code

Victim officer's assigned office (Do not complete if information is same as above.)

Precinct, district, troop, barracks, region, etc. _____

Head of assigned office _____
Rank/Title First Middle (If no middle name, indicate 'NMN.') **Last**

Address of assigned office _____
Mailing address City State Zip code

Type of agency

- City
- County
- State
- Federal
- Tribal (non-federal only)
- Other (specify) _____

GENERAL DATA PERTAINING TO INCIDENT

Type of incident

- Felonious killing
- Assault with injury
 - Firearm
 - Knife/other cutting instrument
 - Other dangerous weapon
 - Personal weapons (hands, fists, feet, etc.)

DO NOT WRITE HERE	
File Number	
Incident Number	
Group	
Region	
Division	
Received	
Entered	

Agency incident or case number _____

Date of incident _____ / _____ / _____
(mm/dd/yyyy)

Time of incident _____
(Military hhmm)

Number of hours on duty prior to incident _____

Location of incident

City _____
County _____
State _____
Country _____

Type and description of location of incident

	Location of initial contact with offender(s)	Location of attack on victim officer
Type of location		
Residential	<input type="checkbox"/>	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	<input type="checkbox"/>
Government	<input type="checkbox"/>	<input type="checkbox"/>
Public space		
Highway/road/alley/sidewalk	<input type="checkbox"/>	<input type="checkbox"/>
Lakes/rivers/parks	<input type="checkbox"/>	<input type="checkbox"/>
Other public space (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
Description of location		
Inside of structure	<input type="checkbox"/>	<input type="checkbox"/>
Outside	<input type="checkbox"/>	<input type="checkbox"/>

PART I – PERSONAL DATA PERTAINING TO VICTIM OFFICER

1.1 **Name** _____
First
Middle (If no middle name, indicate 'NMN.')
Last

1.2 **Rank** _____

1.3 **Date of birth** _____ / _____ / _____
(mm/dd/yyyy)

1.4 **Height** _____ / _____
(feet/inches)

1.5 **Weight** _____ lbs

1.6 **Sex**

- Male
 Female

1.7 **Race** (select all applicable)

- White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Other Pacific Islander

1.8 **Ethnicity**

- Hispanic or Latino
 Not Hispanic or Latino

1.9 **Total law enforcement experience at time of incident** _____ / _____
(years/months)1.10 **Was victim officer certified/licensed by federal, regional, state, local, or POST (Police Officer Standard Training) academy?**

- Yes
 No

1.11 **Number of months since officer's last firearm training** ____ (Enter 0 if no training received.)1.12 **Number of months since officer's last driver training** ____ (Enter 0 if no training received.)1.13 **Number of months since officer's last street survival training** ____ (Enter 0 if no training received.)1.14 **In the 48 hours immediately preceding incident, how many hours did victim officer work in a law enforcement capacity?** ____ hours1.15 **In the 48 hours immediately preceding incident, how many hours did victim officer work in a non-law enforcement capacity?** ____ hours**PART II – CIRCUMSTANCES SURROUNDING INCIDENT**2.1 **Death or injury occurred while victim officer was**

- Conducting self-initiated activity
 Answering call for service

2.2 **Type of assignment**

- | | |
|---|---|
| <input type="checkbox"/> One-officer patrol | <input type="checkbox"/> Undercover |
| <input type="checkbox"/> Two-officer patrol | <input type="checkbox"/> Court/prisoner security |
| <input type="checkbox"/> Investigative/detective | <input type="checkbox"/> Overtime/extra duty activity |
| <input type="checkbox"/> Tactical assignment (uniformed) | <input type="checkbox"/> Off duty, but acting in an official capacity |
| <input type="checkbox"/> Plainclothes assignment | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Special assignment (specify) _____ | |

2.3 **Victim officer's mode of transportation**

- | | |
|--|--|
| <input type="checkbox"/> Car/truck/SUV | <input type="checkbox"/> Watercraft |
| <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Undercover vehicle |
| <input type="checkbox"/> Foot | <input type="checkbox"/> Personal vehicle |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Aircraft |
| <input type="checkbox"/> Mounted | <input type="checkbox"/> Other (specify) _____ |

2.3.1 **Mode of transportation**

- Marked
- Unmarked
- Not applicable

2.4 **Involvement of other officers at time of incident**

- Alone, no assistance requested
- Alone, assistance requested
- Assisted by other officer(s)

2.5 **Did victim officer contact radio dispatch at any point during incident?**

- Yes
 - At what point during attack did victim officer initially contact dispatch?**
 - Before
 - During
 - After
 - Unknown
- No
- Unknown

2.6 **Approximately how much time elapsed from initial contact between victim officer and offender until actual attack?**

- Sudden/blitz
- Within 10-30 seconds
- Within 30-60 seconds
- Within 1-10 minutes
- Longer than 10 minutes
- Unknown

2.7 **Approximate distance (in feet) between victim officer and offender(s) at time victim officer was initially attacked _____** Unknown

2.8 **Select one from each column.**

	Call for service or reason for involvement	Circumstance encountered upon arrival at scene of incident	Specific activity being performed at time of attack
Citizen complaint			
Animal bite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal disturbance (barking dog, unleashed dog, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal complaints of non-criminal violations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check on welfare of citizen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to crime in progress			
Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Larceny-theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicle theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person with firearm (no shots fired)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shooting/shots fired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tampering with vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other crime against person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other crime against property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Continued on next page)			

	Call for service or reason for involvement	Circumstance encountered upon arrival at scene of incident	Specific activity being performed at time of attack
Respond to report of crime			
Homicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Larceny-theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicle theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person with firearm (no shots fired)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shooting/shots fired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tampering with vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other crime against person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other crime against property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist another law enforcement officer in			
Officer down (requiring emergency assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officer requires emergency assistance (not pursuit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle pursuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot pursuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other emergency circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing/deploying equipment (traffic cones, flares, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other non-emergency circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to alarm			
Burglary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disorder/disturbance			
Civil disorder (mass disobedience, riot, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disturbance call (disorderly subjects, fights, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic disturbance (family quarrels, no assault)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigative/enforcement			
Investigative activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigate suspicious persons or circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigate possible DUI/DWI suspect (operating a vehicle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felony traffic stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic violation stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigate motor vehicle crash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wanted person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling persons with mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tactical situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undercover situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug-related matter (drug busts, buys, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Continued on next page)			

	Call for service or reason for involvement	Circumstance encountered upon arrival at scene of incident	Specific activity being performed at time of attack
Arrest situation			
Verbal advisement only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempting to restrain, control, or handcuff offender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pursuit			
Vehicular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambush (entrapment/premeditation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unprovoked attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encounter or assist an emotionally disturbed person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic control (crash scene, directing traffic, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist motorist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative assignment			
Prisoner transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other administrative assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.9 **Complete following items if incident was related to prisoner transport circumstance.** (Skip to Item 2.10 if not applicable.)

2.9.1 **Prisoner was being transported in**

- Prisoner transport wagon
- Prisoner transport bus
- Patrol vehicle
- Unmarked vehicle
- Other (specify) _____

2.9.2 **Was transporting vehicle equipped with prisoner partition?**

- Yes
- No
- Unknown

2.9.3 **Was prisoner searched by transporting officer prior to being put in vehicle?**

- Yes
- No
- Unknown

2.10 **Complete following items if activity being performed at time of attack was related to traffic stop (including investigation of DUI).** (Skip to Part III if not applicable.)

2.10.1 **Was traffic stop videotaped?**

- Yes
- No

2.10.2 **Location of offender(s) at time of attack** (Complete additional sheets if more than two offenders.)

Offender's name	Location of offender(s) at time of attack
<hr/> First Middle Last	<i>Seated in</i> <input type="checkbox"/> Suspect vehicle <input type="checkbox"/> Victim officer's vehicle <i>Seated outside in vicinity of suspect vehicle</i> <input type="checkbox"/> Front driver's side <input type="checkbox"/> Front passenger's side <input type="checkbox"/> Rear driver's side <input type="checkbox"/> Rear passenger's side <i>Seated outside in vicinity of victim officer's vehicle</i> <input type="checkbox"/> Front driver's side <input type="checkbox"/> Front passenger's side <input type="checkbox"/> Rear driver's side <input type="checkbox"/> Rear passenger's side <i>Standing in vicinity of suspect vehicle</i> <input type="checkbox"/> Front driver's side <input type="checkbox"/> Front passenger's side <input type="checkbox"/> Rear driver's side <input type="checkbox"/> Rear passenger's side <i>Standing in vicinity of victim officer's vehicle</i> <input type="checkbox"/> Front driver's side <input type="checkbox"/> Front passenger's side <input type="checkbox"/> Rear driver's side <input type="checkbox"/> Rear passenger's side <i>Unrestricted movement outside of</i> <input type="checkbox"/> Suspect vehicle <input type="checkbox"/> Victim officer's vehicle <i>Prone</i> <input type="checkbox"/> On ground <input type="checkbox"/> On vehicle/object <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown

Additional offender's name	Location of offender(s) at time of attack
<input type="checkbox"/> Not applicable <hr/> <div style="display: flex; justify-content: space-between;"> First Middle Last </div>	<p><i>Seated in</i></p> <input type="checkbox"/> Suspect vehicle <input type="checkbox"/> Victim officer's vehicle
	<p><i>Seated outside in vicinity of suspect vehicle</i></p> <input type="checkbox"/> Front driver's side <input type="checkbox"/> Front passenger's side <input type="checkbox"/> Rear driver's side <input type="checkbox"/> Rear passenger's side
	<p><i>Seated outside in vicinity of victim officer's vehicle</i></p> <input type="checkbox"/> Front driver's side <input type="checkbox"/> Front passenger's side <input type="checkbox"/> Rear driver's side <input type="checkbox"/> Rear passenger's side
	<p><i>Standing in vicinity of suspect vehicle</i></p> <input type="checkbox"/> Front driver's side <input type="checkbox"/> Front passenger's side <input type="checkbox"/> Rear driver's side <input type="checkbox"/> Rear passenger's side
	<p><i>Standing in vicinity of victim officer's vehicle</i></p> <input type="checkbox"/> Front driver's side <input type="checkbox"/> Front passenger's side <input type="checkbox"/> Rear driver's side <input type="checkbox"/> Rear passenger's side
	<p><i>Unrestricted movement outside of</i></p> <input type="checkbox"/> Suspect vehicle <input type="checkbox"/> Victim officer's vehicle
	<p><i>Prone</i></p> <input type="checkbox"/> On ground <input type="checkbox"/> On vehicle/object <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown

2.10.3 Location of victim officer at time of attack

- Seated in victim officer's vehicle*
 - Prior to approaching suspect vehicle
 - After obtaining contact with offender(s)
- Approaching suspect vehicle on*
 - Driver's side
 - Passenger's side
- Standing in vicinity of suspect vehicle*
 - Front driver's side
 - Front passenger's side
 - Rear driver's side
 - Rear passenger's side
- Standing in vicinity of victim officer's vehicle*
 - Front driver's side
 - Front passenger's side
 - Rear driver's side
 - Rear passenger's side
- Other*
 - Approaching offender
 - Returning to victim officer's vehicle

PART III – ENVIRONMENTAL FACTORS**3.1 Weather conditions at time of incident**

- | | |
|---|---|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Severe crosswinds |
| <input type="checkbox"/> Cloudy | <input type="checkbox"/> Hurricane |
| <input type="checkbox"/> Fog, smoke, smog | <input type="checkbox"/> Tornado |
| <input type="checkbox"/> Rain | <input type="checkbox"/> Blowing sand, soil, dirt |
| <input type="checkbox"/> Flooding | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Sleet, hail | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Snow | <input type="checkbox"/> Not applicable (indoors) |
| <input type="checkbox"/> Blizzard | |

3.2 Lighting conditions at location of incident

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Dawn | <input type="checkbox"/> Dark |
| <input type="checkbox"/> Daylight | <input type="checkbox"/> Artificial |
| <input type="checkbox"/> Dusk | <input type="checkbox"/> Unknown |

3.2.1 Would lighting conditions have been considered dim or poor?

- Yes
 No
 Unknown

3.3 Were take down lights utilized?

- Yes
 No
 Unknown

3.4 Was cover available to victim officer?

- Yes
Was it used?
 Yes, description of actual cover used _____
 No
 Unknown
 No

3.5 Was cover used by offender(s)?

- Yes, description of actual cover used _____
 No
 Unknown

PART IV – INJURIES CONNECTED TO INCIDENT**4.1 Location of injuries inflicted upon victim officer (select all applicable)**

- | | |
|--|---|
| <input type="checkbox"/> Front head | <input type="checkbox"/> Rear lower torso/back |
| <input type="checkbox"/> Rear head | <input type="checkbox"/> Front below waist/groin area |
| <input type="checkbox"/> Side head | <input type="checkbox"/> Rear below waist/buttocks |
| <input type="checkbox"/> Neck/throat | <input type="checkbox"/> Arms/hands |
| <input type="checkbox"/> Front upper torso/chest | <input type="checkbox"/> Front legs/feet |
| <input type="checkbox"/> Rear upper torso/back | <input type="checkbox"/> Rear legs |
| <input type="checkbox"/> Front lower torso/abdomen | |

4.2 **Was victim officer killed in incident?** YesIndicate one wound location selected in Item 4.1 as fatal injury. _____ Unable to determineDate of victim officer's death _____ / _____ / _____
(mm/dd/yyyy) No**How severe were victim officer's injuries?**

- Superficial (treated at scene of incident)
 Minor (treated at hospital and released)
 Moderate (admitted to hospital)
 Severe (admitted to hospital with critical injuries)

Has victim officer returned to duty?

- Yes
 No

Is victim officer expected to be permanently disabled?

- Yes
 No
 Unknown

PART V – PROTECTIVE/SAFETY EQUIPMENT5.1 **Was victim officer required to wear protective body armor at time of incident?**

- Yes
 No

5.2 **Was victim officer wearing protective body armor at time of incident?**

- Yes
 No

What was indicated as possible reason why victim officer was not wearing protective body armor? (Select one then skip to 5.3.)

- | | |
|---|--|
| <input type="checkbox"/> Excessive heat or humidity | <input type="checkbox"/> Off duty |
| <input type="checkbox"/> General discomfort | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Undercover assignment | <input type="checkbox"/> Unknown |

5.2.1 **What was classification of protective body armor?** (If two or more different levels of protection, indicate minimum ballistic protection.)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Type I | <input type="checkbox"/> Type III |
| <input type="checkbox"/> Type IIA | <input type="checkbox"/> Type IV |
| <input type="checkbox"/> Type II | <input type="checkbox"/> Special type (specify) _____ |
| <input type="checkbox"/> Type IIIA | <input type="checkbox"/> Unknown |

Did protective body armor prevent round(s) or cutting instrument(s) from entering victim officer's body? Yes**Could the round(s) or cutting instrument(s) have caused a mortal wound?** Yes No**Did victim officer receive injuries due to blunt force trauma?** Yes No No**How did round(s) or cutting instrument(s) circumvent protective 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 vest (round more powerful than vest's capabilities/specifications) Penetrated through vest (protective body armor failure)**Number of times protective body armor was circumvented** _____5.3 **Was victim officer wearing uniform at time of incident?** Yes**Type of uniform** Patrol Utility Tactical Other (specify) _____**Were there obvious markings on uniform that would have identified victim officer as law enforcement?** Yes No Unknown**Primary color of uniform** _____ No**Did victim officer verbally identify him/herself as law enforcement?** Yes No Unknown**Was other identification evident?** Yes**Description of other identification** Badge displayed Vest with law enforcement markings Raid jacket with law enforcement markings Armband Other (specify) _____ No Unknown

5.4 **Did victim officer use ballistic shield during incident?**

- Yes
 - Did ballistic shield successfully deflect any rounds?**
 - Yes
 - No
 - Unknown
 - Not applicable (not fired upon)
- No (equipped with ballistic shield)
- Unknown
- Not applicable (not equipped with ballistic shield)

PART VI – WEAPON USE DURING INCIDENT

The following items refer to weapons brought to scene of incident by victim officer and victim officer’s use of his/her weapons during incident.

6.1 **Indicate all that apply for each column.**

	Weapon(s) victim officer had upon arrival at scene of incident	Weapon(s) victim officer <u>used</u> during incident	Weapon(s) victim officer <u>attempted to use</u> during incident
Service weapon (firearm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backup firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(blade length in inches)	_____	_____	_____
Other cutting instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify)	_____	_____	_____
Bean bag gun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conductive energy device (Taser, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical spray (Mace, pepper spray, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify)	_____	_____	_____
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.2 **Was victim officer wearing holster at time of incident?**

- Yes
- No

If yes, type of holster

Service weapon (firearm)	Backup firearm
<input type="checkbox"/> Duty/tactical <ul style="list-style-type: none"> <input type="checkbox"/> Crossdraw <input type="checkbox"/> Sidedraw <input type="checkbox"/> Thigh <input type="checkbox"/> Concealment <ul style="list-style-type: none"> <input type="checkbox"/> Inside waist band (IWB) <input type="checkbox"/> Shoulder <input type="checkbox"/> Belly band/waistpack <input type="checkbox"/> Ankle <input type="checkbox"/> Groin <input type="checkbox"/> Pocket <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> No holster	<input type="checkbox"/> Duty/tactical <ul style="list-style-type: none"> <input type="checkbox"/> Crossdraw <input type="checkbox"/> Sidedraw <input type="checkbox"/> Thigh <input type="checkbox"/> Concealment <ul style="list-style-type: none"> <input type="checkbox"/> Inside waist band (IWB) <input type="checkbox"/> Shoulder <input type="checkbox"/> Belly band/waistpack <input type="checkbox"/> Ankle <input type="checkbox"/> Groin <input type="checkbox"/> Pocket <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Did not have backup firearm <input type="checkbox"/> No holster
Retention level classification (e.g., 1,2,3, etc.) _____	Retention level classification (e.g., 1,2,3, etc.) _____

6.3 **Description of firearm(s) victim officer had upon arrival at scene**

	Service weapon (firearm)	Backup firearm	Additional firearm
Description	<input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun	<input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun	<input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun
Make	_____	_____	_____
Model	_____	_____	_____
Cartridge type (include caliber)	_____	_____	_____
Barrel length (in inches)	_____	_____	_____
Type	<input type="checkbox"/> Automatic <input type="checkbox"/> Semiautomatic <input type="checkbox"/> Revolver <input type="checkbox"/> Pump <input type="checkbox"/> Bolt action <input type="checkbox"/> Lever action	<input type="checkbox"/> Automatic <input type="checkbox"/> Semiautomatic <input type="checkbox"/> Revolver <input type="checkbox"/> Pump <input type="checkbox"/> Bolt action <input type="checkbox"/> Lever action	<input type="checkbox"/> Automatic <input type="checkbox"/> Semiautomatic <input type="checkbox"/> Revolver <input type="checkbox"/> Pump <input type="checkbox"/> Bolt action <input type="checkbox"/> Lever action
Location of weapon at time of attack	<input type="checkbox"/> On person <ul style="list-style-type: none"> <input type="checkbox"/> Holstered <input type="checkbox"/> Not holstered <input type="checkbox"/> In vehicle <input type="checkbox"/> Other location (specify) _____	<input type="checkbox"/> On person <ul style="list-style-type: none"> <input type="checkbox"/> Holstered <input type="checkbox"/> Not holstered <input type="checkbox"/> In vehicle <input type="checkbox"/> Other location (specify) _____	<input type="checkbox"/> On person <ul style="list-style-type: none"> <input type="checkbox"/> Holstered <input type="checkbox"/> Not holstered <input type="checkbox"/> In vehicle <input type="checkbox"/> Other location (specify) _____

6.3.1 When did victim officer use or attempt to use his/her firearm(s) during incident?

- Prior to offender initiating an attack
- About same time as attack was initiated
- After offender initiated attack
- Unknown

6.3.2 Did victim officer experience difficulty in retrieving his/her firearm(s) during incident?

- Yes
- No

If yes, indicate specific reason.

Service weapon (firearm)	Backup firearm	Additional firearm
<input type="checkbox"/> Disarmed by offender(s) <input type="checkbox"/> Severely injured <input type="checkbox"/> Physically prevented from retrieving weapon <input type="checkbox"/> Experienced difficulty or delay in removing weapon from holster <input type="checkbox"/> Weapon was not on person (stored in vehicle, briefcase, or other location) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Disarmed by offender(s) <input type="checkbox"/> Severely injured <input type="checkbox"/> Physically prevented from retrieving weapon <input type="checkbox"/> Experienced difficulty or delay in removing weapon from holster <input type="checkbox"/> Weapon was not on person (stored in vehicle, briefcase, or other location) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Did not have backup firearm	<input type="checkbox"/> Disarmed by offender(s) <input type="checkbox"/> Severely injured <input type="checkbox"/> Physically prevented from retrieving weapon <input type="checkbox"/> Experienced difficulty or delay in removing weapon from holster <input type="checkbox"/> Weapon was not on person (stored in vehicle, briefcase, or other location) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Did not have additional firearm

6.3.3 Did victim officer's firearm(s) malfunction during use or attempted use?

- Yes
- No

If yes, indicate specific reason for malfunction.

Service weapon (firearm)	Backup firearm	Additional firearm
<input type="checkbox"/> Faulty ammunition <input type="checkbox"/> Improper ammunition <input type="checkbox"/> No round in chamber <input type="checkbox"/> Stovepiped <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Faulty ammunition <input type="checkbox"/> Improper ammunition <input type="checkbox"/> No round in chamber <input type="checkbox"/> Stovepiped <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Did not have backup firearm	<input type="checkbox"/> Faulty ammunition <input type="checkbox"/> Improper ammunition <input type="checkbox"/> No round in chamber <input type="checkbox"/> Stovepiped <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Did not have additional firearm
Did malfunction occur after initial round was fired? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Did malfunction occur after initial round was fired? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Did malfunction occur after initial round was fired? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

6.3.4 **Did victim officer fire his/her firearm(s) during incident?** Yes**At what point did victim officer use firearm(s)?**

- Before receiving injury
 About same time as receiving injury
 After receiving injury
 Unknown

Number of rounds fired by victim officer _____**Did rounds hit offender(s)?**

- Yes, number of rounds _____
 No
 Unknown

If rounds struck offender(s), what was effect?

- No effect
 Tended to irritate/enrage
 Caused disabling effect
 Other (specify) _____
 Unknown

Approximate distance (in feet) between victim officer and offender(s) at time victim officer fired his/her firearm(s) _____ Unknown No6.3.5 **Did victim officer carry extra ammunition on his/her person during incident?**

- Yes
 No

6.3.6 **Did victim officer reload?** Yes**Type of reloading device**

- Magazine
 Speed loader
 Loose rounds
 Other (specify) _____

 No6.4 **If victim officer used any weapon other than firearm during incident, what was effect on offender(s)?**

- | | |
|--|--|
| <input type="checkbox"/> No effect | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Tended to irritate/enrage | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Caused disabling effect | <input type="checkbox"/> Not applicable |

6.5 **If assisted at scene of incident, did other officers fire at offender(s) at scene of initial attack?** Yes**Number of rounds fired by assisting officers** _____**Did any rounds hit offender(s)?**

- Yes, number of rounds _____
 No
 Unknown
- No
 Not applicable

The following items refer to weapons carried and/or used by offender(s) during incident.

6.6 **Did victim officer have prior knowledge that a weapon might be involved?**

- Yes
- No
- Unknown

6.7 **Indicate all that apply for each column for weapons brought to scene of incident by *victim officer* and/or used against victim officer.**

	Weapon(s) offender(s) took/disarmed from victim officer during incident	Victim officer's weapon(s) used by offender(s) to kill/assault victim officer	Victim officer's weapon(s) taken from scene of incident by offender(s)
Service weapon (firearm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backup firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Indicate blade length in inches)	_____	_____	_____
Other cutting instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify)	_____	_____	_____
Bean bag gun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conductive energy device (Taser, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical spray (Mace, pepper spray, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify)	_____	_____	_____
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.8 **Indicate all that apply for each column in reference to weapons brought to scene of incident by *offender(s)* and their use against victim officer.**

	Weapon(s) offender(s) had upon arrival at scene of incident	Offender's weapon(s) used to kill/assault victim officer
Firearm	<input type="checkbox"/>	<input type="checkbox"/>
Additional firearm	<input type="checkbox"/>	<input type="checkbox"/>
Knife	<input type="checkbox"/>	<input type="checkbox"/>
(indicate blade length in inches)	_____	_____
Other Cutting Instrument	<input type="checkbox"/>	<input type="checkbox"/>
(specify)	_____	_____
Bomb	<input type="checkbox"/>	<input type="checkbox"/>
Blunt Instrument	<input type="checkbox"/>	<input type="checkbox"/>
Personal weapons (hands, fists, feet, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
(specify)	_____	_____
None	<input type="checkbox"/>	<input type="checkbox"/>

6.8.1 **Description of offender’s firearm(s) used to kill/assault victim officer**

	Firearm	Additional firearm
Description	<input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun	<input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Not applicable
Make	_____	_____
Model	_____	_____
Cartridge type (include caliber)	_____	_____
Barrel length (in inches)	_____	_____
Type	<input type="checkbox"/> Automatic <input type="checkbox"/> Pump <input type="checkbox"/> Semiautomatic <input type="checkbox"/> Bolt action <input type="checkbox"/> Revolver <input type="checkbox"/> Lever action	<input type="checkbox"/> Automatic <input type="checkbox"/> Pump <input type="checkbox"/> Semiautomatic <input type="checkbox"/> Bolt action <input type="checkbox"/> Revolver <input type="checkbox"/> Lever action
Was offender’s weapon altered from its manufactured state?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If killed, which firearm caused fatal injury?	<input type="checkbox"/>	<input type="checkbox"/>

The following items refer to incidents in which a firearm (the victim officer’s or the offender’s) was used to kill/assault victim officer.

6.9 **Number of rounds fired by offender(s)** _____ Unknown

6.10 **Number of rounds that struck victim officer** _____ Unknown

6.11 **Approximate distance (in feet) between victim officer and offender(s) at time offender fired weapon**
_____ Unknown

6.12 **Was firearm recovered?**

- Yes
- No
- Unknown

6.13 **If rounds were fired by victim officer and offender, who fired first?**

- Victim officer
- Offender
- Unknown
- Not applicable (victim officer did not fire)

PART VII – OFFENDER(S) INVOLVED IN INCIDENT

- 7.1 **Number of individuals determined by law enforcement investigation to have participated in or aided and abetted the killing/assault of victim officer** _____ Unknown

PART VIII – OFFENDER DATA

(PROVIDE PART VIII FOR EACH OFFENDER)

- 8.1 **Is offender known?**

- Yes
 No (skip to Part IX)

- 8.2 **Offender's name** _____
First
Middle (If no middle name, indicate 'NMN.')
Last

- 8.3 **Offender's date of birth** _____ / _____ / _____
(mm/dd/yyyy)

- 8.4 **Offender's height** _____ / _____
(feet/inches)

- 8.5 **Offender's weight** _____ lbs

- 8.6 **Offender's sex**

- Male
 Female

- 8.7 **Offender's race** (select all applicable)

- White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Other Pacific Islander

- 8.8 **Offender's ethnicity**

- Hispanic or Latino
 Not Hispanic or Latino
 Unknown

- 8.9 **Is offender a United States citizen?**

- Yes
 No, year offender last entered United States _____ Unknown
(yyyy)
 Unknown

- 8.10 **Was offender born in United States?**

- Yes, name of state _____
 No, name of United States Territory or foreign country _____
 Unknown

- 8.11 **Offender's current or last known residence**

City _____
 County _____
 State _____
 Country _____

8.12 **Offender's current status** (select all applicable)

- At large
- Arrested
Date of arrest _____ / _____ / _____
(mm/dd/yyyy)

Charges placed against offender _____

- Wounded
Method of receiving wounds
 - By victim officer
 - By assisting officer(s)
 - By officer(s) at other scene of incident
 - By civilian(s)
 - Other circumstances (specify) _____

- Deceased
Method of death
 - Justifiably killed by victim officer
 - Justifiably killed by assisting officer(s)
 - Justifiably killed by officer(s) at other scene of incident
 - Killed by civilian(s)
 - Committed suicide
 - Died under other circumstances (specify) _____

Date of death _____ / _____ / _____
(mm/dd/yyyy)

Location of death
 City _____
 County _____
 State _____
 Country _____

- Other (specify) _____

8.13 **Can this incident be categorized as a *suicide by cop*?**

- Yes
Select one
 - Suicide by cop*
 - Suspected *suicide by cop*
 - Attempted *suicide by cop*
- No

8.14 **Offender's FBI Number** _____ None

8.15 **Was restraint device on offender prior to attack?** Yes**Type of restraint device** (select all applicable) Handcuffs in front Handcuffs in back Leg shackles Other device (specify) _____**Did offender manage to defeat/manipulate restraint device?** Yes Maneuvered handcuffs from back to front Slipped handcuffs Unlocked handcuffs Other (specify) _____ No No8.16 **Offender's type of judicial supervision at time of incident** Conditional release, pending criminal prosecution Probation Parole Halfway house Serving time in penal institution Escapee from penal institution Other (specify) _____ None Unknown8.17 **Was offender known to your department at time of incident?** Yes**Offender was known as** (select all applicable) Controlled substance user Controlled substance dealer Controlled substance possessor Known or suspected terrorist (domestic or international) Known or suspected gang member Other (specify) _____ No8.18 **At time of incident, offender was under influence of** (select all applicable) Alcohol

BAC, if known _____

 Crack/Cocaine Cocaine (all forms except Crack) Hashish Heroin Marijuana Morphine Opium Other Narcotics LSD PCP Other hallucinogens Amphetamines/methamphetamines Other stimulants Barbiturates Other depressants Other dangerous drug/substance

(specify) _____

 None Unknown8.19 **Relationship between victim officer and offender at time of incident** (select one) Prior relationship through law enforcement (arrest, investigation, etc.) Non-law enforcement relationship (neighbor, acquaintance, relative, etc.) No known relationship

8.20 **Offender's judicial history prior to incident** (select all applicable)

- | | |
|---|---|
| <input type="checkbox"/> Previously arrested | <input type="checkbox"/> House arrest |
| <input type="checkbox"/> Conviction as juvenile | <input type="checkbox"/> Incarceration in penal institution |
| <input type="checkbox"/> Conviction as adult | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Probation | <input type="checkbox"/> None |
| <input type="checkbox"/> Parole | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Halfway house | |

8.21 **Offender's prior arrests** (select all applicable)

- | | |
|---|--|
| <input type="checkbox"/> Murder | <input type="checkbox"/> Drug law violation |
| <input type="checkbox"/> Assault on law enforcement officer | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Resisting arrest | <input type="checkbox"/> None |
| <input type="checkbox"/> Other crime of violence | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Weapons violation | |

8.22 **Was offender known by your department to have prior mental illness?**

- Yes
- No

PART IX – NARRATIVE OF INCIDENT

Please provide a detailed description of the circumstances surrounding the felonious assault or death of the victim officer or attach a copy of the written summation of the initial incident report. Also, if the offender(s) was located or apprehended later, please provide additional details, such as, when, where, and by whom was the offender located. This narrative can provide pertinent details that may be incorporated into officer training programs and are often difficult to capture in a “question and answer” format. The success of our endeavors to prevent further line-of-duty deaths/assaults depends largely on the quality of data obtained from the victim officer’s agency.

Prepared by:

(mm/dd/yyyy)

NOTE: If there are any questions on how to complete this form or where to forward the form upon completion, please contact the FBI, Criminal Justice Information Services Division, Attention: LEOKA program, Module E-3, 1000 Custer Hollow Road, Clarksburg, WV 26306-0159; telephone (304) 625-3521, or facsimile to (304) 625-3566. 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.