

Law Enforcement Officers Killed and Assaulted Program ANALYSIS OF OFFICERS ACCIDENTALLY KILLED

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 accidentally killed. 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

- | | |
|--|--|
| <input type="checkbox"/> City
<input type="checkbox"/> County
<input type="checkbox"/> State | <input type="checkbox"/> Federal
<input type="checkbox"/> Tribal (non-federal only)
<input type="checkbox"/> Other (specify) _____ |
|--|--|

GENERAL DATA PERTAINING TO INCIDENT

Agency incident or case number _____

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

Time of incident _____
(Military hhmm)

Number of hours on duty prior to incident _____

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

Location of incident

City _____
County _____
State _____
Country _____

Type of location of incident

- Residential
- Commercial
- Government
- Public space (highway, road, alley, sidewalk)
- Public space (lakes, rivers, parks)
- Other public space (specify) _____
- Other (specify) _____

Description of location of incident

- Inside of structure
- Outside

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 **Date of death** ____ / ____ / ____
(mm/dd/yyyy)

1.5 **Height** ____ / ____
(feet/inches)

1.6 **Weight** ____ lbs

1.7 **Sex**
 Male
 Female

1.8 **Race**
 White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Other Pacific Islander

1.9 **Ethnicity**
 Hispanic or Latino
 Not Hispanic or Latino

1.10 **Total law enforcement experience at time of incident** ____ / ____
(years/months)

1.11 **Was victim officer certified/licensed by federal, regional, state, local, or POST (Police Officer Standard Training) academy?**
 Yes
 No

- 1.12 **Number of months since officer's last firearm training** ____ (Enter 0 if no training received.)
- 1.13 **Number of months since officer's last driver training** ____ (Enter 0 if no training received.)
- 1.14 **Number of months since officer's last street survival training** ____ (Enter 0 if no training received.)
- 1.15 **In the 48 hours immediately preceding incident, how many hours did victim officer work in a law enforcement capacity?** ____ hours
- 1.16 **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 INCIDENT2.1 **Death 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 **Call for service or reason for involvement of victim officer**

- | | |
|---|--|
| <input type="checkbox"/> Citizen complaint | <input type="checkbox"/> Pursuit |
| <input type="checkbox"/> Respond to crime in progress | <input type="checkbox"/> Administrative assignment |
| <input type="checkbox"/> Respond to report of crime | <input type="checkbox"/> Training |
| <input type="checkbox"/> Respond to alarm | <input type="checkbox"/> Patrol |
| <input type="checkbox"/> Disorder/disturbance | <input type="checkbox"/> Assisting another law enforcement officer |
| <input type="checkbox"/> Investigative/enforcement | <input type="checkbox"/> Assist citizen(s) |
| <input type="checkbox"/> Traffic control | <input type="checkbox"/> Rescue/recovery |
| <input type="checkbox"/> Traffic enforcement | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Arrest situation | |

PART III – ENVIRONMENTAL FACTORS3.1 **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

PART IV – PROTECTIVE/SAFETY EQUIPMENT4.1 **Was victim officer required to wear protective body armor at time of incident?**

- Yes
 No

4.2 **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 4.3.)

- | | |
|---|--|
| <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 |

4.2.1 **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 | |

4.3 **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

4.4 **Was victim officer wearing high visibility clothing at time of incident?**

-
- Yes
-
-
- No

PART V – TYPE OF ACCIDENT5.1 **Select option that best describes accidental death.**

-
- Motor vehicle crash (victim officer in vehicle) [Skip to Part VI, Page 6]
-
-
- Pedestrian officer struck by vehicle [Skip to Part VII, Page 13]
-
-
- Firearm-related incident [Skip to Part VIII, Page 16]
-
-
- Fall [Skip to Part IX, Page 18]
-
-
- Drowning [Skip to Part X, Page 19]
-
-
- Aircraft crash (Pilot error) [Skip to Part XI, Page 20]
-
-
- Aircraft crash (Equipment failure or malfunction) [Skip to Part XI, Page 20]
-
-
- Other accidental (specify) _____ [Skip to Part XI, Page 20]

PART VI – MOTOR VEHICLE CRASH

6.1 Activity of victim officer at time of incident

- | | |
|--|---|
| <input type="checkbox"/> Performing traffic control | <input type="checkbox"/> Overseeing work zone |
| <input type="checkbox"/> Performing traffic stop | <input type="checkbox"/> Escorting funeral or dignitary |
| <input type="checkbox"/> Patrolling | <input type="checkbox"/> Responding to emergency |
| <input type="checkbox"/> Engaging in vehicle pursuit | <input type="checkbox"/> Responding to non-emergency |
| <input type="checkbox"/> Assisting/investigating vehicle crash | <input type="checkbox"/> Training |
| <input type="checkbox"/> Assisting motorist | <input type="checkbox"/> Other (specify) _____ |

6.2 Type of roadway

- | | |
|---|---|
| <input type="checkbox"/> Interstate | <input type="checkbox"/> Local road |
| <input type="checkbox"/> Other U.S. route | <input type="checkbox"/> Other road (specify) _____ |
| <input type="checkbox"/> State route | <input type="checkbox"/> Training facility |
| <input type="checkbox"/> County road | <input type="checkbox"/> Not applicable (e.g., watercraft incident) |

6.3 Roadway alignment

- Straight
- Curve left
- Curve right
- Not applicable (e.g., watercraft incident)

6.4 Roadway grade

- Level
- Hillcrest
- Grade
- Sag
- Not applicable (e.g., watercraft incident)

6.5 Roadway surface type

- | | |
|---|---|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Dirt |
| <input type="checkbox"/> Blacktop, bituminous, or asphalt | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Brick or block | <input type="checkbox"/> Not applicable (e.g., watercraft incident) |
| <input type="checkbox"/> Slag, gravel or stone | |

6.6 Roadway surface condition

- | | |
|--|---|
| <input type="checkbox"/> Dry | <input type="checkbox"/> Sand, dirt, oil |
| <input type="checkbox"/> Wet | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Snow or slush | <input type="checkbox"/> Not applicable (e.g., watercraft incident) |
| <input type="checkbox"/> Ice | |

6.7 Other than victim officer, number of persons involved in motor vehicle crash (Enter 0 if none.)

_____ In victim officer’s vehicle
 _____ In other vehicle(s)
 _____ Pedestrian(s)

6.8 Other than victim officer, number of persons killed in motor vehicle crash (Enter 0 if none.)

_____ Civilians
 _____ Officers

6.9 Number of persons injured in motor vehicle crash (Enter 0 if none.)

_____ Civilians
 _____ Officers

6.10 **Victim officer was**

- Driver
- Passenger

6.11 **Victim officer's vehicle**

Year _____
 Make _____
 Model _____
 VIN _____

6.12 **Victim officer's vehicle role**

- Noncollision
- Striking
- Struck
- Both striking and struck
- Unknown

6.13 **Emergency equipment activated on victim officer's vehicle at time of motor vehicle crash**

- Lights
- Siren
- Both
- None

6.13.1 **Description of emergency lights activated (Skip to 6.14 if not applicable.)**

Type of emergency lights	Location of emergency lights on victim officer's vehicle (select all applicable)	Color of emergency lights
Strobe	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Not affixed <input type="checkbox"/> Other (specify) _____	_____ _____ _____ _____
Halogen	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Not affixed <input type="checkbox"/> Other (specify) _____	_____ _____ _____ _____
LED	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Not affixed <input type="checkbox"/> Other (specify) _____	_____ _____ _____ _____
Other (specify) _____	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Not affixed <input type="checkbox"/> Other (specify) _____	_____ _____ _____ _____

6.14 **Did victim officer use restraint system/helmet?** Yes**Equipment used** Shoulder/lap belt Lap belt Helmet Other (specify) _____ No**Indicate reason** Equipped, but did not use Not equipped6.15 **Victim officer was** Ejected (partially) from vehicle Ejected (totally) from vehicle Trapped in vehicle Not ejected from/or trapped in vehicle6.16 **How was victim officer's vehicle being maneuvered just prior to crash situation?** Going straight Slowing or stopping in traffic lane Starting in traffic lane Stopped in traffic lane Passing or overtaking another vehicle Leaving a parked position Parked Entering a parked position Maneuvering to avoid object/hazard Turning right Turning left Making a U-turn Backing up (not parking) Changing lanes or merging Negotiating a curve Other (specify) _____ Unknown6.17 **Location of victim officer's vehicle at initial impact** Roadway Median Shoulder Outside of shoulder/curb Waterway Other (specify) _____ Unknown6.18 **Complete following items if victim officer's vehicle was on shoulder of roadway at time of initial impact. (Skip to Item 6.19 if not applicable.)**6.18.1 **Which shoulder of roadway was victim officer's vehicle located?** Left Right6.18.2 **Width of shoulder (in feet)** _____

6.19 **Series of harmful events of motor vehicle crash**

	First harmful event	Second harmful event	Third harmful event
Non-collision			
Overturn/rollover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire/explosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immersion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cargo/equipment loss or shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fell/jumped from motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrown or falling object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other non-collision (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____
Collision with person, motor vehicle, or non-fixed object			
Pedestrian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Railway vehicle (train)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicle in transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vehicle in transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parked motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other non-fixed object (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____
Collision with fixed object			
Impact attenuator/crash cushion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bridge rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culvert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ditch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Embankment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardrail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete traffic barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other traffic barrier (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____
Tree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility pole/light support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fixed object (wall, building, etc.) (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____
Not applicable		<input type="checkbox"/>	<input type="checkbox"/>

6.20 **If incident was collision, indicate manner.**

- | | |
|---|---|
| <input type="checkbox"/> Rear end | <input type="checkbox"/> Sideswipe (same direction) |
| <input type="checkbox"/> Head-on | <input type="checkbox"/> Sideswipe (opposite direction) |
| <input type="checkbox"/> Angle (same direction) | <input type="checkbox"/> Rear to side |
| <input type="checkbox"/> Angle (opposite direction) | <input type="checkbox"/> Rear to rear |
| <input type="checkbox"/> Angle (right angle or broadside) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Angle (direction unknown) | <input type="checkbox"/> Not applicable |

6.21 **Traffic control signs/signals at location of crash**

- | | |
|--|---|
| <input type="checkbox"/> Traffic signals | <input type="checkbox"/> Device at railroad grade crossing |
| <input type="checkbox"/> Stop sign | <input type="checkbox"/> Other traffic control device(s)
(specify) _____ |
| <input type="checkbox"/> Regulatory signs | <input type="checkbox"/> None |
| <input type="checkbox"/> Warning signs | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other signs (specify) _____ | |

6.22 **Traffic control signs/signals were**

- | | |
|---|---|
| <input type="checkbox"/> Functioning properly | <input type="checkbox"/> Missing/damaged/not visible |
| <input type="checkbox"/> Functioning improperly | <input type="checkbox"/> No traffic control signs/signals |
| <input type="checkbox"/> Not functioning at all | <input type="checkbox"/> Unknown |

6.23 **Speed limit at scene of motor vehicle crash** _____ mph

- Posted
 Not posted
 Unknown

6.24 **Did air bags deploy during motor vehicle crash?**

- Yes
Which air bags deployed?
 Front
 Side
 Curtain
- No
Indicate reason
 Equipped, but did not deploy
 Not equipped
- Unknown

6.25 **Crash avoidance maneuvers executed by victim officer's vehicle**

- | | |
|--|--|
| <input type="checkbox"/> Braking (skidmarks evident) | <input type="checkbox"/> Other avoidance maneuver
(specify) _____ |
| <input type="checkbox"/> Braking (no skidmarks; driver stated) | <input type="checkbox"/> Inconclusive after investigation |
| <input type="checkbox"/> Braking (other reported evidence) | <input type="checkbox"/> No avoidance maneuver reported |
| <input type="checkbox"/> Steering (evidence or stated) | |
| <input type="checkbox"/> Steering and braking (evidence or stated) | |

6.26 **Complete following items if victim officer's death was result of collision with another motor vehicle.**
(Skip to Item 6.27 if not applicable.)6.26.1 **Type of other vehicle involved in collision**

- | | |
|---|---|
| <input type="checkbox"/> Car | <input type="checkbox"/> Tractor with double trailers |
| <input type="checkbox"/> Truck | <input type="checkbox"/> Tractor with triple trailers |
| <input type="checkbox"/> SUV | <input type="checkbox"/> Construction equipment/vehicle |
| <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Watercraft |
| <input type="checkbox"/> Truck with trailer | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Truck tractor only (bobtail) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Tractor with semi-trailer | |

6.26.2 **Was other vehicle a patrol vehicle?**

- Yes
 No

6.27 **Electronic communication devices being used by driver(s) when motor vehicle crash occurred**
(select all applicable)

	Victim officer's vehicle	Other vehicle involved in crash
Police radio	<input type="checkbox"/>	<input type="checkbox"/>
Cellular phone	<input type="checkbox"/>	<input type="checkbox"/>
PDA	<input type="checkbox"/>	<input type="checkbox"/>
DVD player	<input type="checkbox"/>	<input type="checkbox"/>
Mobile computer	<input type="checkbox"/>	<input type="checkbox"/>
Digital recording device	<input type="checkbox"/>	<input type="checkbox"/>
License plate reader	<input type="checkbox"/>	<input type="checkbox"/>
IPOD/MP3 player	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

6.28 **Contributing circumstances/factors that may have caused motor vehicle crash**

	Victim officer's vehicle (select all applicable)	Other vehicle involved in crash (select all applicable)	Primary factor leading to first harmful event (select only one)
Not applicable			
No other vehicle involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No improper driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceeding speed limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated minimum speed _____			
Exceeding safe speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated minimum speed _____			
Changing lanes improperly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following too closely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disregarded traffic control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did not have right of way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure to maintain control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving under minimum speed limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No signal or improper signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turning improperly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing improperly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking improperly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backing improperly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left of center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding animal, vehicle, or other object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using electronic communication device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distraction inside vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking violation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under influence of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAC, if known (indicate if refused) _____			
Under influence of prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify) _____			
Under influence of illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify) _____			
(Continued on next page)			

	Victim officer's vehicle (select all applicable)	Other vehicle involved in crash (select all applicable)	Primary factor leading to first harmful event (select only one)
Pedestrian under influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impaired visibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver fatigued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver sleeping/dozing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	_____	_____	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.29 **Violations charged because of this incident** (select all applicable)

	Driver of victim officer's vehicle	Driver of other vehicle in crash
Vehicular homicide	<input type="checkbox"/>	<input type="checkbox"/>
Vehicular manslaughter	<input type="checkbox"/>	<input type="checkbox"/>
Attempt to elude police	<input type="checkbox"/>	<input type="checkbox"/>
Under influence of alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>
Speeding	<input type="checkbox"/>	<input type="checkbox"/>
Reckless driving	<input type="checkbox"/>	<input type="checkbox"/>
Failure to yield to emergency vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Driving with suspended or revoked license (including driving without a license)	<input type="checkbox"/>	<input type="checkbox"/>
Driving with improper license	<input type="checkbox"/>	<input type="checkbox"/>
Other moving violation (specify)	_____	_____
Non-moving violation	<input type="checkbox"/>	<input type="checkbox"/>
Other violation (specify)	_____	_____
Unknown	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

[Skip to Part XI]

PART VII – PEDESTRIAN OFFICER STRUCK BY VEHICLE**7.1 Activity of victim officer at time of incident**

- | | |
|--|--|
| <input type="checkbox"/> Performing traffic control | <input type="checkbox"/> Providing/deploying equipment |
| <input type="checkbox"/> Performing traffic stop | <input type="checkbox"/> Overseeing work zone |
| <input type="checkbox"/> Patrolling | <input type="checkbox"/> Training |
| <input type="checkbox"/> Assisting/investigating vehicle crash | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Assisting motorist | |

7.2 Type of roadway

- | | |
|---|---|
| <input type="checkbox"/> Interstate | <input type="checkbox"/> Local road |
| <input type="checkbox"/> Other U.S. route | <input type="checkbox"/> Other road (specify) _____ |
| <input type="checkbox"/> State route | <input type="checkbox"/> Training facility |
| <input type="checkbox"/> County road | <input type="checkbox"/> Not applicable (e.g., watercraft incident) |

7.3 Roadway alignment

- Straight
 Curve left
 Curve right
 Not applicable (e.g., watercraft incident)

7.4 Roadway grade

- Level
 Hillcrest
 Grade
 Sag
 Not applicable (e.g., watercraft incident)

7.5 Roadway surface type

- | | |
|---|---|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Dirt |
| <input type="checkbox"/> Blacktop, bituminous, or asphalt | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Brick or block | <input type="checkbox"/> Not applicable (e.g., watercraft incident) |
| <input type="checkbox"/> Slag, gravel or stone | |

7.6 Roadway surface condition

- | | |
|--|---|
| <input type="checkbox"/> Dry | <input type="checkbox"/> Sand, dirt, oil |
| <input type="checkbox"/> Wet | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Snow or slush | <input type="checkbox"/> Not applicable (e.g., watercraft incident) |
| <input type="checkbox"/> Ice | |

7.7 Location of victim officer at time of incident*Approaching motorist vehicle on*

- Driver's side
 Passenger's side

Standing in vicinity of motorist 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

- Between motorist's vehicle and victim officer's vehicle
 Returning to victim officer's vehicle
 Roadway
 Median
 Shoulder
 Outside of shoulder/curb
 Gore
 Waterway
 Other (specify) _____
 Unknown

7.8 **Did victim officer position his/her vehicle in compliance with agency guidelines?**

- Yes
- No
- Not applicable (no guidelines)

7.9 **Were warning devices/signals utilized to warn passing motorists of upcoming traffic stop, motorist assist, vehicle accident, road construction, etc.?**

- Yes
 - Type of warning devices/signals used (select all applicable)**
 - Emergency lights
 - Sirens
 - Flares
 - Cones
 - Road signs
 - Other (specify) _____
- No

7.10 **Emergency equipment activated on victim officer's vehicle at time of incident**

- Lights
- Siren
- Both
- None

7.10.1 **Description of emergency lights activated (Skip to 7.11 if not applicable.)**

Type of emergency lights	Location of emergency lights on victim officer's vehicle (select all applicable)	Color of emergency lights
Strobe	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Not affixed <input type="checkbox"/> Other (specify) _____	_____ _____ _____
Halogen	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Not affixed <input type="checkbox"/> Other (specify) _____	_____ _____ _____
LED	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Not affixed <input type="checkbox"/> Other (specify) _____	_____ _____ _____
Other (specify) _____	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Not affixed <input type="checkbox"/> Other (specify) _____	_____ _____ _____

7.11 **Contributing circumstances/factors that may have caused driver of vehicle to strike victim officer**
(select all applicable)

- | | |
|---|---|
| <input type="checkbox"/> Exceeding speed limit
Estimated minimum speed _____ mph | <input type="checkbox"/> Distraction inside vehicle |
| <input type="checkbox"/> Exceeding safe speed
Estimated minimum speed _____ mph | <input type="checkbox"/> Under influence of alcohol
BAC, if known _____ |
| <input type="checkbox"/> Changing lanes improperly | <input type="checkbox"/> Under influence of prescription drugs
(specify) _____ |
| <input type="checkbox"/> Disregarded traffic control | <input type="checkbox"/> Under influence of illegal drugs
(specify) _____ |
| <input type="checkbox"/> Failure to maintain control | <input type="checkbox"/> Equipment failure |
| <input type="checkbox"/> Turning improperly | <input type="checkbox"/> Impaired visibility |
| <input type="checkbox"/> Passing improperly | <input type="checkbox"/> Driver fatigued |
| <input type="checkbox"/> Parking improperly | <input type="checkbox"/> Driver sleeping/dozing |
| <input type="checkbox"/> Backing improperly | <input type="checkbox"/> Driver ill |
| <input type="checkbox"/> Left of center | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Avoiding animal, vehicle, or object | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Using electronic communication device | |

[Skip to Part XI]

PART VIII – FIREARM-RELATED INCIDENT

8.1 Activity of victim officer at time of incident

- Performing an arrest
- Range training
- Tactical training
- Non-range training
- Patrolling
- Engaging in foot pursuit
- Engaging in tactical situation
- Cleaning weapon
- Other (specify) _____

8.2 Location of injuries inflicted upon victim officer (select all applicable)

- Front head
- Rear head
- Side head
- Neck/throat
- Front upper torso/chest
- Rear upper torso/back
- Front lower torso/abdomen
- Rear lower torso/back
- Front below waist/groin area
- Rear below waist/buttocks
- Arms/hands
- Front legs/feet
- Rear legs

Indicate one wound location selected above as fatal injury. _____

Unable to determine

8.3 Description of firearm causing victim officer’s death

- Handgun
- Rifle
- Shotgun

Make _____ Cartridge type (include caliber) _____
 Model _____ Barrel length (in inches) _____

Type

- Automatic
- Semiautomatic
- Revolver
- Pump
- Bolt action
- Lever action

Type of ammunition

- Live rounds
- Rubber bullets
- Training rounds
- Blanks
- Other (specify) _____

8.4 Description of circumstances

- Crossfire
- Mistaken for offender
- Training mishap
- Accidental discharge while cleaning weapon
- Other accidental discharge (specify) _____
- Other (specify) _____

8.5 **Complete following items if victim officer was mistaken for offender.** (Skip to Item 8.6 if not applicable.)

8.5.1 **Did victim officer display his/her weapon at time of accidental shooting?**

- Yes
 - Was victim officer instructed to disarm?**
 - Yes
 - No
 - Unknown
- No
- Unknown

8.5.2 **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

8.6 **If victim officer was accidentally shot during training exercise, was firearm cleared for entrance into training area?**

- Yes
- No
- Not applicable (skip to Section XI)

Describe normal procedure for clearing weapons during tactical training exercises and how procedures were possibly circumvented.

[Skip to Part XI]

PART IX – FALL**9.1 Activity of victim officer at time of incident**

- | | |
|--|--|
| <input type="checkbox"/> Patrolling | <input type="checkbox"/> Participating in rescue operation |
| <input type="checkbox"/> Engaging in foot pursuit | <input type="checkbox"/> Participating in recovery operation |
| <input type="checkbox"/> Engaging in tactical response | <input type="checkbox"/> Participating in training exercise |
| <input type="checkbox"/> Avoiding object/hazardous situation | <input type="checkbox"/> Other (specify) _____ |

9.2 Victim officer fell from

- | | |
|---|--|
| <input type="checkbox"/> Bridge | <input type="checkbox"/> Retaining/concrete wall |
| <input type="checkbox"/> Building | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Hill/embankment | <input type="checkbox"/> Stairs |
| <input type="checkbox"/> Horse | <input type="checkbox"/> Tower |
| <input type="checkbox"/> Mountain/cliff | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Railroad trestle | |

9.3 Did victim officer receive training in proper use of safety equipment?

- Yes
 No
 Not applicable

9.4 Was victim officer certified to perform operations at heights?

- Yes
 No
 Not applicable

9.5 Was victim officer in compliance with agency policies regarding proper use of safety equipment?

- Yes
 No
 Unknown
 Not applicable

9.6 Safety equipment used by victim officer at time of incident (select all applicable)

- Fall protection/harness
 Helmet
 Other (specify) _____
 None

[Skip to Part XI]

PART X – DROWNING**10.1 Activity of victim officer at time of incident**

- | | |
|--|--|
| <input type="checkbox"/> Patrolling | <input type="checkbox"/> Participating in recovery operation |
| <input type="checkbox"/> Engaging in foot pursuit | <input type="checkbox"/> Participating in training exercise |
| <input type="checkbox"/> Engaging in tactical response | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Participating in rescue operation | |

10.2 Did victim officer receive training in proper use of safety equipment?

- Yes
 No
 Not applicable

10.3 Was victim officer certified to perform water operations?

- Yes
 No
 Not applicable

10.4 Was victim officer in compliance with agency policies regarding proper use of safety equipment?

- Yes
 No
 Unknown
 Not applicable

10.5 What safety equipment was officer in possession of at time of incident? (select all applicable)

- Flotation device
 Scuba equipment
 Other (specify) _____
 None

PART XI – NARRATIVE OF INCIDENT

Please provide a detailed description of the circumstances surrounding the accidental death of the victim officer or attach a copy of the written summation of the initial incident report. 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 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.