

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

**Form 1-701**  
(OMB NO. 1110-0009)

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Law Enforcement Officers Killed and Assaulted (LEOKA) Program

## Definitions

### Racial categories:

- **White**  
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- **Black or African American**  
A person having origins in any of the black racial groups of Africa
- **American Indian or Alaska Native**  
A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment
- **Asian**  
A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- **Native Hawaiian or Other Pacific Islander**  
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, e.g., individuals who are Carolinian, Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Ponapean (Pohnpelan), Polynesian, Solomon Islander, Tahitian, Tarawa Islander, Tokelauan, Tongan, Trukese (Chuukese), and Yapese. (NOTE: The term "Native Hawaiian" does not include individuals who are native to the state of Hawaii simply by virtue of being born there.)

### Ethnicity category:

- **Hispanic or Latino**  
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin," can be used in addition to "Hispanic or Latino."

## Form Instructions

- ❖ All applicable items on Form 1-701 should be completed appropriately. If necessary, refer to one or more of the following when completing Form 1-701: victim officer's personnel file, victim officer's death certificate or coroner's report, agency's incident report, and/or agency's policy files.
- ❖ For items with options, mark the most appropriate response in regard to the incident.
- ❖ For items requiring a "fill in the blank" answer, complete appropriately; however, if the information is not available, complete with "Unknown" rather than leaving the item blank.
- ❖ For items regarding distance, complete as accurate as possible. These items should not be completed with a range of distance.
- ❖ Definitions for race and ethnicity categories are available on Page ii.
- ❖ This form should be completed by the person(s) most knowledgeable about the incident.
- ❖ Keep a copy of the completed form for your records.

**If there are any questions, 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 email LEOKA Program staff at <leoka-statistics@leo.gov>. Under the Paperwork Reduction Act, Form 1-701 is not required to be completed unless it contains a valid OMB control number. Form 1-701 takes approximately one hour to complete.**

## 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 feloniously killed or assaulted and injured with a firearm or a knife/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. The anticipated release date of the annual publication is October of the year following the year of death or assault. Previously released annual publications may be accessed on the Internet at <<http://www.fbi.gov/about-us/cjis/ucr/leoka>>. 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<br><input type="checkbox"/> County<br><input type="checkbox"/> State | <input type="checkbox"/> Federal<br><input type="checkbox"/> Tribal (non-federal only)<br><input type="checkbox"/> 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.)

<b>DO NOT WRITE HERE</b>	
File Number	
Incident Number	
Group	
Region	
Division	
Received	
Entered	

**Agency incident or case number** \_\_\_\_\_

**Date of incident** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm/dd/yyyy)

**Time of incident** \_\_\_\_\_  
(Military hmmm)

**Number of hours on duty prior to incident** \_\_\_\_\_

**Location of incident**

City \_\_\_\_\_  
County \_\_\_\_\_  
State \_\_\_\_\_  
Country \_\_\_\_\_

**Type and description of location of incident**

	<b>Location of initial contact with offender(s)</b>	<b>Location of attack on victim officer</b>
<b>Type of location</b>		
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"/>
<b>Description of location</b>		
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**

- 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?** \_\_\_\_ hours

1.15 **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
<b>Citizen complaint</b>			
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"/>
<b>Respond to crime in progress</b>			
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"/>
<b>(Continued on next page)</b>			

	Call for service or reason for involvement	Circumstance encountered upon arrival at scene of incident	Specific activity being performed at time of attack
<b>Respond to report of crime</b>			
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"/>
<b>Assist another law enforcement officer in</b>			
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"/>
Vehicular 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"/>
<b>Respond to alarm</b>			
Burglary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Disorder/disturbance</b>			
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"/>
<b>Investigative/enforcement</b>			
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"/>
<b>(Continued on next page)</b>			



	Call for service or reason for involvement	Circumstance encountered upon arrival at scene of incident	Specific activity being performed at time of attack
<b>Arrest situation</b>			
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"/>
<b>Pursuit</b>			
Vehicular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ambush (entrapment/premeditation)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Unprovoked attack</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Encounter or assist an emotionally disturbed person</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Traffic control (crash scene, directing traffic, etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Assist motorist</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Administrative assignment</b>			
Prisoner transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other administrative assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (specify) _____</b>	<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
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
First	Middle	Last	<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 EQUIPMENT**5.1 **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.**

	<b>Weapon(s) victim officer had upon arrival at scene of incident</b>	<b>Weapon(s) victim officer <u>used</u> during incident</b>	<b>Weapon(s) victim officer <u>attempted to use</u> during incident</b>
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"> <li><input type="checkbox"/> Crossdraw</li> <li><input type="checkbox"/> Sidedraw</li> <li><input type="checkbox"/> Thigh</li> </ul> <input type="checkbox"/> Concealment <ul style="list-style-type: none"> <li><input type="checkbox"/> Inside waist band (IWB)</li> <li><input type="checkbox"/> Shoulder</li> <li><input type="checkbox"/> Belly band/waistpack</li> <li><input type="checkbox"/> Ankle</li> <li><input type="checkbox"/> Groin</li> <li><input type="checkbox"/> Pocket</li> </ul> <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> No holster	<input type="checkbox"/> Duty/tactical <ul style="list-style-type: none"> <li><input type="checkbox"/> Crossdraw</li> <li><input type="checkbox"/> Sidedraw</li> <li><input type="checkbox"/> Thigh</li> </ul> <input type="checkbox"/> Concealment <ul style="list-style-type: none"> <li><input type="checkbox"/> Inside waist band (IWB)</li> <li><input type="checkbox"/> Shoulder</li> <li><input type="checkbox"/> Belly band/waistpack</li> <li><input type="checkbox"/> Ankle</li> <li><input type="checkbox"/> Groin</li> <li><input type="checkbox"/> Pocket</li> </ul> <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"> <li><input type="checkbox"/> Holstered</li> <li><input type="checkbox"/> Not holstered</li> </ul> <input type="checkbox"/> In vehicle <input type="checkbox"/> Other location (specify) _____	<input type="checkbox"/> On person <ul style="list-style-type: none"> <li><input type="checkbox"/> Holstered</li> <li><input type="checkbox"/> Not holstered</li> </ul> <input type="checkbox"/> In vehicle <input type="checkbox"/> Other location (specify) _____	<input type="checkbox"/> On person <ul style="list-style-type: none"> <li><input type="checkbox"/> Holstered</li> <li><input type="checkbox"/> Not holstered</li> </ul> <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.**

	<b>Weapon(s) offender(s) took/disarmed from victim officer during incident</b>	<b>Victim officer's weapon(s) used by offender(s) to kill/assault victim officer</b>	<b>Victim officer's weapon(s) taken from scene of incident by offender(s)</b>
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.**

	<b>Weapon(s) offender(s) had upon arrival at scene of incident</b>	<b>Offender's weapon(s) used to kill/assault victim officer</b>
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**

	<b>Firearm</b>	<b>Additional firearm</b>
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**

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

8.8 **Offender’s ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino

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

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

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
- No

8.16 **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
- Unknown

8.17 **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) \_\_\_\_\_
- No

8.18 **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
- Unknown

8.19 **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.

Check if incident form is attached

E-mail address of preparer:

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.