



MIAMI-DADE COUNTY LAW ENFORCEMENT CANINE MEMORIAL WALL OF HONOR

PERSONAL DATA ON VICTIM CANINE

Agency _____

Name _____ DOB or Age _____

Breed _____ Color _____

Sex M _____ F _____ Tattoo number (if available) _____

Specialty(ies) _____
(patrol, explosive, narcotics, trailing, human remains, etc.)

Canine training school attended _____

Dates attended _____

Is the school a State of Florida or a federally certified law enforcement training center? Yes _____ No _____

If the canine is certified by the State of Florida or federally? If yes, date of certification. _____

Dates and types of any other certifications _____

Canine's length of law enforcement service _____

PERSONAL DATA ON HANDLER

Name _____

Rank or Title _____

Mailing Address _____

City/State/Zip _____

Telephone Number(s) _____

E-Mail Address _____

Is handler a fully sworn officer with full arrest powers? Yes _____ No _____ Other _____

Explain _____

Agency _____

Contact person _____ Rank/Title _____

Phone _____ E-Mail _____

CIRCUMSTANCES OF VICTIM CANINE'S DEATH

Date of incident _____ Time of incident _____

Date of death _____

Was victim canine on duty at the time of death? Yes _____ No _____ Unknown _____

The cause of death was: Felonious Assault _____ Accidental _____

A. Check the circumstance that best describes the felonious death; if accidental death, skip to B:

- _____ Disturbance call (bar fights, person with firearm, etc.)
- _____ Domestic disturbance call (family quarrels)
- _____ Burglary in progress or pursuing burglary suspects
- _____ Robbery in progress or pursuing robbery suspects
- _____ Drug related matter (drug bust, buys, etc.)
- _____ Attempting other arrest
- _____ Civil disorder (mass disobedience, riot, etc.)
- _____ Handling, transporting, custody of prisoners
- _____ Investigation suspicious persons or circumstances
- _____ Ambush (entrapment and premeditation)
- _____ Ambush (unprovoked attack)
- _____ Investigative activity (searches)
- _____ Traffic pursuits and stops
- _____ Tactical situation (barricaded offender, hostage taking, or high-risk entry)

B. Check the circumstance that best describes the accidental death:

- _____ Accidental shooting (crossfire, mishap)
- _____ Accidental shooting (training mishap, cleaning mishap)
- _____ Training incident
- _____ Automobile accident (unrelated to enforcement)
- _____ Automobile accident (related to criminal enforcement activity)
- _____ Struck by vehicle (unrelated to enforcement)
- _____ Struck by vehicle (related to criminal enforcement activity)
- _____ Aircraft accident
- _____ Other accidental (fall, fire, drowning, etc.)
- Specify _____

Location of the incident _____

(apt., city, state, zip, county)

Was canine assigned to Miami-Dade County at the time of the incident? Yes _____ No _____

If no, explain _____

(detached, etc., attach additional paperwork if necessary)

Provide a brief description of the circumstances:

Please attach the following:

- Photograph of the victim canine**
- Veterinarian reports if available**
- Initial police/incident report**
- Copy of victim canine's certifications**
- Copies of newspaper articles about canine's death**

Our department has conducted a diligent search and exercised a good faith effort to verify that the information provided and attached hereto is true and correct, and that this canine has died in the line of duty and should be listed on the Miami-Dade County Law Enforcement Canine Wall of Honor.

Signature of Agency Head

Date