



MIAMI-DADE COUNTY LAW ENFORCEMENT OFFICERS MEMORIAL WALL OF HONOR

PERSONAL DATA ON VICTIM OFFICER

First Name _____ Middle Name _____ Last Name _____

Rank or Title _____

Was decedent a fully sworn officer with full arrest powers? Yes _____ No _____

Other _____ Explain _____
(Please attach additional sheets, if necessary)

Agency _____ Contact Person _____

Phone _____ E-Mail Address _____

Date of Incident _____ Time of Incident _____ Date of Death _____

Age _____ Sex _____ Length of Law Enforcement Service _____

Was officer certified/licensed by state, by P.O.S.T. (Police Officer Standards Training), or by a federal law enforcement training academy? Yes _____ No _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Unknown _____
Number of children _____

CIRCUMSTANCES OF VICTIM OFFICER'S DEATH

The cause of death was: Felonious Assault _____ Accidental Situation _____

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

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 of suspicious persons or circumstances
- _____ Ambush (entrapment and premeditation)
- _____ Ambush (unprovoked attack)
- _____ Investigative activity (surveillance, searches, interviews, etc.)
- _____ Handling mentally deranged persons
- _____ 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, mistaken for offender, mishap)
 - _____ Accidental shooting (training mishap, cleaning mishap)
 - _____ Accidental shooting (self inflicted, or not apparent or confirmed suicide)
 - _____ Automobile accident (unrelated to enforcement, e.g., an assistance activity)
 - _____ Automobile accident (related to criminal enforcement activity)
 - _____ Motorcycle accident (unrelated to enforcement, e.g., an assistance activity)
 - _____ Motorcycle accident (related to criminal enforcement activity)
 - _____ Struck by vehicle (unrelated to enforcement, e.g., an assistance activity)
 - _____ Struck by vehicle (related to criminal enforcement activity)
 - _____ Aircraft accident
 - _____ Other accidental (fall, fire, drowning, etc.)
- Specify: _____

Indicate the location of the incident by:

City _____
 County _____

Provide a brief description of the circumstances:

Please attach the following:

- Photograph of the victim officer
- Death certificate and/or coroner's report
- Initial police/incident report
- Copy of victim officer's sworn officer certificate
- Copies of newspaper articles about officer'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 officer has died in the line of duty and should be listed on the Miami-Dade County Law Enforcement Officers Wall of Honor.

Signature of Agency Head

Date

PLEASE PROVIDE US WITH A LIST OF SURVIVING FAMILY MEMBERS

We require the name and address of at least one surviving family member for verification of information provided by the department, particularly, the spelling of the officer's name as it will appear on the memorial wall. Survivor information is for internal use only. Survivors will receive invitations to memorial sponsored events and other memorial-related mailings.

Name _____
Address _____
City,State,Zip _____
Telephone _____
Relationship to Officer _____
E-mail _____

Name _____
Address _____
City,State,Zip _____
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