



Florida State Lodge Memorial Foundation

242 Office Plaza
Tallahassee, Florida 32301
1.800.873.3671

AGENCY INFORMATION

Name of Agency Head: _____

Submitting Agency: _____

Officer Agency: _____

Mailing Address: _____ City _____, Florida Zip _____

Phone: _____ Fax: _____ Contact Person: _____

Email: _____

PERSONAL DATA ON VICTIM OFFICER

First Name	Middle Name or Initial	Surname (including suffix, if applicable)
Pronunciation of Complete Name		

Rank or Title: _____

Was decedent a duly sworn officer with full arrest powers? ☐ Yes ☐ No ☐ Other, explain: _____

Date of Incident	Time of Incident (military)	Date of Death	Age	Sex
------------------	-----------------------------	---------------	-----	-----

Was Officer Certified/Licensed by Criminal Justice Standards and Training Commission (CJSTC) under Florida State Statute 112? ☐ Yes ☐ No

Length of Law Enforcement Service (years or months): _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Unknown Number of Children: _____

Race: ☐ Asian ☐ African-American ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other ☐ Unknown

CIRCUMSTANCES OF VICTIM OFFICER'S DEATH

Was victim officer on duty at the time of incident? ☐ Yes ☐ No ☐ Unknown

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

Was offender under the influence of: ☐ Alcohol ☐ Narcotics ☐ Both ☐ Unknown ☐ N/A?

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

- ☐ Disturbance calls (bar fights, person with firearm, etc.)
- ☐ Domestic disturbance call (family quarrels)
- ☐ Burglary in progress or pursuing burglary suspects
- ☐ Drug-related matter (drug bust, buys, etc.)
- ☐ Attempting other arrest (excludes burglary and robbery arrest)
- ☐ Civil disorder (mass disobedience, riot, etc.)
- ☐ Handling, transporting, custody of prisoners
- ☐ Investigating 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 (check one): ☐ Felony vehicle stop ☐ Traffic violation stop
- ☐ Tactical situation (barricaded offender, hostage taking, or high-risk entry)

(B) Check the circumstances that best describes the accidental death:

- ☐ Accidental shooting (crossfire, mistaken for offender, mishap)
- ☐ Accidental shooting (training mishap)
- ☐ Accidental shooting (self inflicted, cleaning mishap, 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): _____

Weapon used to kill victim Officer:

- ☐ Firearm (check one): ☐ Handgun ☐ Rifle ☐ Shotgun
- ☐ Knife or other cutting instrument
- ☐ Bomb
- ☐ Blunt instrument (specify): _____
- ☐ Personal weapons (hands, fists, feet, etc.)
- ☐ Vehicle
- ☐ Other (specify): _____

Involvement of other Officers:

- ☐ Deceased (other officers killed in same incident):
(Identify) _____
- ☐ Wounded (other officers wounded in same incident):
(Identify) _____

Indicate the location of the incident by:

City: _____ State: _____
County: _____ Precinct/Barrack/Station: _____

Special Squad (check applicable):

- ☐ Drug: Drug Team Member
☐ ERT: Emergency Response Team
☐ GTF: Gang Task Force
☐ K-9: K-9 Officer
☐ SWAT: SWAT Team Member

Was Decedent wearing protective armor? ☐Yes ☐No ☐N/A ☐Unknown
Was Decedent wearing a seatbelt? ☐Yes ☐No ☐N/A ☐Unknown
Was Decedent in uniform? ☐Yes ☐No ☐N/A ☐Unknown
Was Decedent driving/riding in a department vehicle? ☐Yes ☐No ☐N/A ☐Unknown

Provide a brief description of the circumstances:

This information is critical and must be completed. A note of "See Attached Document" is not acceptable.

Include the following:

1. Agency Incident Report
2. Death Certificate and/or Coroner's Report
3. Copies of newspaper articles regarding incident/death
4. Copy of victim officer's sworn officer certificate
5. A quality photograph (if available) of the victim officer – do not send a photocopy

If these items have not been included, provide an explanation below:

- ☐ Our Agency 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 Performance of Duty".
- ☐ Our Agency has concluded that this Officer's death is not considered "Line of Duty".
- ☐ Submission has been sent to the National Law Enforcement Officers Memorial Fund for approval.
- ☐ Submission: ☐has ☐has not ☐is pending - acceptance by NLEOMF.

Signature of Agency Head

Date

December 31st of each calendar year is the submission deadline to be considered for inclusion on the Memorial for the following year. However, it can be submitted at any time throughout the year.

Enter Survivor information:

The criteria for including an officer's name on the Florida State Law Enforcement Officers Memorial are separate and distinct from the line-of-duty death criteria used by other entities or programs, including local law enforcement memorials and the Public Safety Officers' Benefits (PSOB) Program, U.S. Department of Justice. This criterion is used in conjunction with the National Law Enforcement Officers Memorial. Acceptance for inclusion on the Florida State Law Enforcement Officers Memorial in no way impacts decisions made by the federal government regarding the awarding of PSOB benefits. For more information about PSOB, visit www.psob.gov or call 1-888-744-6513.

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. The FSLEOM Foundation does not knowingly solicit donations from survivors. Survivor information is for internal use only and will not be released to the media or others without the expressed consent of the individual. Survivors will receive invitations to Memorial sponsored events, newsletters, and other Memorial – related mailings.**

Survivor information only, DO NOT enter agency's information as the survivor contact information.

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone: _____	Telephone: _____
Relationship to Officer: _____	Relationship to Officer: _____
Email: _____	Email: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone: _____	Telephone: _____
Relationship to Officer: _____	Relationship to Officer: _____
Email: _____	Email: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone: _____	Telephone: _____
Relationship to Officer: _____	Relationship to Officer: _____
Email: _____	Email: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone: _____	Telephone: _____
Relationship to Officer: _____	Relationship to Officer: _____
Email: _____	Email: _____

***The FSLEOM Foundation Officer Data Form should be submitted even if survivors cannot be located.**