



Deaths Involving a Law Enforcement Officer Report Form

Reporting Agency:

Type of Death

- Citizen Death
- Officer Death

Deceased Information
(please fill out a separate form for multiple subjects - 1 form per subject)

Name: _____ Date of Death: _____
 Age: _____ Gender: _____
 Ethnicity: _____ Race: _____

If Citizen Death, Provide Officer Involved Information
(please use the additional information area for more than 1 officer)

Age: _____ Gender: _____
 Ethnicity: _____ Race: _____

Type of Incident (Preliminary)

- Homicide
- Suicide
- Accidental Injury to Self
- Medical Condition / Illness
- Natural Causes
- Overdose / Intoxication
- Other: _____

Details

Description of Incident:

Reporting Official / Agency Information

Reporting Official _____ Date of Reporting _____

Department/Title _____ Method of Reporting _____

Contact Information _____