APPROVED: OMB NO. 1121-0025
EXPIRES: 5/31/2002

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
BUREAU OF JUSTICE ASSISTANCE
PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM
WASHINGTON, D.C. 20531

REPORT OF PUBLIC SAFETY OFFICER'S DEATH

FOR DOJ USE ONLY

CASE # ____________________

DATE RECEIVED ____________________

SAMPLE

This information is being requested pursuant to the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3796), and the disclosure is voluntary. This form will be used by the Department of Justice to determine eligibility of a claimant for the payment of benefits and the information may be disclosed to Federal, State and local agencies to verify eligibility for benefits. Disclosure of an individual's Social Security number is mandatory. Failure to supply all of the requested information may result in a delay in processing this form and receipt of benefits. **PLEASE PRINT PLAINLY OR TYPE.**

1. NAME AND MAILING ADDRESS OF PUBLIC SAFETY AGENGY, ORGANIZATION OR UNIT IN WHOSE SERVICE DEATH OCCURRED *(Include zip code)*

PART I: NOTICE OF LINE OF DUTY DEATH OF PUBLIC SAFETY OFFICER

2. DECEASED OFFICER'S NAME *(Last, First, Middle)*	3. DATE OF INJURY	4. DATE OF DEATH	5. SOCIAL SECURITY NO.

6. DECEASED OFFICER'S LAST MAILING ADDRESS *(Include zip code)*	7. NAME OF DECEDENT'S SUPERIOR OFFICER	8. SUPERVISOR'S AREA CODE AND PHONE NO.

9. AT THE TIME OF INJURY WHICH RESULTED IN DEATH WAS THE OFFICER WORKING A REGULAR SHIFT OR AN ASSIGNED OVERTIME SHIFT? ☐ YES ☐ NO IF NO, ATTACH AFFIDAVIT EXPLAINING THE OFFICER'S DUTY STATUS.

AS A

- POLICE OFFICER ☐
- CORRECTIONS OFFICER ☐
- PROBATION OFFICER ☐
- PAROLE OFFICER ☐
- FIREFIGHTER ☐
- JUDICIAL OFFICER ☐
- AMBULANCE AND RESCUE SQUAD MEMBER ☐
- OTHER *(Specify)*

IN THE SERVICE OF

- STATE GOVERNMENT
- LOCAL UNIT OF GOVERNMENT ☐
- FEDERAL GOVERNMENT ☐
- LEGALLY ORGANIZED VOLUNTEER FIRE, AMBULANCE OR RESCUE SQUAD DEPARTMENT ORGANIZED, CHARTERED OR FORMED BY A PUBLIC AGENCY TO ACT ON ITS BEHALF IN PROVIDING FIRE OR RESCUE SERVICE TO THE PUBLIC. ☐
- OTHER *(Specify)* ☐

10. OFFICER'S EMPLOYMENT STATUS WHEN INJURY OCCURRED

- ☐ FULL-TIME
- ☐ PART-TIME
- ☐ VOLUNTEER
- ☐ MILITARY
- ☐ OTHER *(Specify)*

11. WAS INJURY CONTRIBUTED TO BY:

	YES	NO	UNKNOWN
OFFICER'S GROSS NEGLIGENCE?	☐	☐	☐
OFFICER'S INTENTIONAL MISCONDUCT?	☐	☐	☐
OFFICER'S INTENT TO BRING ABOUT HIS OWN DEATH?	☐	☐	☐
OFFICER'S VOLUNTARY INTOXICATION?	☐	☐	☐
ANY PERSON WHO MAY BE ENTITLED TO BENEFIT?	☐	☐	☐

(Attach explanations for any "yes" answers.)

PART II: PLEASE CHECK AND ATTACH ALL APPLICABLE REPORTS RELATING TO THE DIRECT CAUSE OF OR APPROXIMATE CAUSE OF DEATH.

12. CERTIFIED COPY OF ORIGINAL REPORTS

- DETAILED STATEMENT OF CIRCUMSTANCES ☐
- INVESTIGATION ☐
- AUTOPSY ☐
- TOXICOLOGY ANALYSIS ☐
- DEATH CERTIFICATE ☐
- HOSPITAL RECORDS *(If required)* ☐
- OTHER *(Specify)* ☐

13. IF KNOWN, GIVE NAME AND ADDRESS OF WITNESS(ES) WITH WHOM OFFICER WAS INVOLVED WHEN INJURED, IF NOT PROVIDED IN THE ABOVE REPORTS.

(Continued on the reverse)

PART III: INFORMATION CONCERNING POSSIBLE CLAIMANTS Provision of this information does not constitute a finding for or against an Interim Payment of Benefits of Final Award of Benefits. If officer was not married at the time of his death, but was cohabitating with another person in what could be co[illegible]cted as a common-law marriage, please indicate that relationship below.

14. NAMES, RELATIONSHIP, AND ADDRESS OF PERSONS IN PRECEDENCE ORDER AND APPLICABILITY CATEGORY AS FOLLOWS:

	NAME *(Last, First, Middle)*	DATE OF BIRTH	ADDRESS *(City, State, & Zip Code)*
SURVIVING SPOUSE OR COHABITANT			
CHILDREN: NATURAL, ADOPTED, STEPCHILDREN, POSTHUMOUS, OUT OF WEDLOCK, REGARDLESS OF AGE OR DEPENDENCY STATUS			
SURVIVING PARENT(S) WHEN NEITHER SPOUSE NOR CHILDREN SURVIVE DECEDENT			

15. HAS A LEGAL GUARDIAN BEEN APPOINTED FOR ANY OF THE ABOVE MENTIONED CHILDREN? ☐ YES ☐ [illegible]O
(If "yes," give name and mailing address of guardian)

GUARDIAN(S) NAME	ADDRESS *(Include zip* [illegible]	GUARDIA[illegible] FOR: *(List children's names)*

SAMPLE

[illegible]RT IV: INF[illegible]RMATI[illegible] CONCERNING OTHER CLAIMS

16. TO YOUR KNOW[illegible]DGE HAS OR WILL [illegible] BENEFITS UNDER:

	YES	NO
A[illegible]LOYE[illegible]S COMPENSATION ACT, SECTION 8191, TITLE 5, U.S. CODE	☐	☐
B. DISTRICT O[illegible] COLUMBIA RETIREMENT AND DISABILITY ACT OF SEPTEMBER 1, 1916, [illegible] AMEND[illegible], D.C. CODE, SECTION 4-622	☐	☐

PART V: CERTIFICATIONS A false answer to any question in this Statement my be grounds for non-payment of benefits and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All the information you give will be considered in reviewing the claim and is subject to investigation.

17. EMPLOYING ORGANIZATION — To the best of my knowledge and belief, the above stated information is true and complete.

TYPED NAME & TITLE OF EMPLOYING AGENCY HEAD	SIGNATURE OF EMPLOYING AGENCY HEAD	DATE
ORGANIZATION	ADDRESS *(Include zip code)*	PHONE NO.

18. IS THERE A RETIREMENT/DISABILITY BOARD, WORKERS COMPENSATION BOARD, COURT, OR OTHER ENTITY WHICH WILL CONSIDER THE FACTS OF THIS CASE IN ORDER TO DETERMINE ELIGIBILITY FOR OTHER BENEFITS?

☐ YES ☐ NO

If "yes," please give address and telephone number for each entity.

___

___

___

Public Reporting Burden

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is 2.5 minutes per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Public Safety Officers Benefits Program, Bureau of Justice Assistance, Washington, D.C. 20531; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20530.