

CHAPTER 4

ADMINISTRATIVE ROLES IN LINE OF DUTY DEATHS

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CHAPTER 4

ADMINISTRATIVE ROLES IN LINE OF DUTY DEATHS

1. RESPONSIBILITIES.

a. Area Commander.

(1) The Area commander shall make immediate and appropriate notifications to the deceased employee's family, and the Department, through the chain of command.

(2) The Area commander shall notify the California Department of Industrial Relations and Department of General Services, when applicable, of the uniformed member's death.

(3) When a California Highway Patrol (CHP) death has been confirmed, the Area commander prepares a preliminary CHP 162A, Peace Officer Funeral Worksheet, which shall be sent to the Assistant Commissioner, Field (ACF), and the Academy, Administrative Services Unit (ASU). Once all the required information has been confirmed, a final CHP 162A shall be sent to ACF and ASU.

(4) The Area commander is responsible for notifying the United States Department of Justice, Public Safety Officer's Benefits (PSOB) Program, of a Line of Duty Death (LODD) via telephone at (888) 744-6513. (Refer to Annex A.)

(5) The Area commander is responsible for coordinating the memorial/funeral service with assistance from the Division and the Office of Employee Safety and Assistance (OESA).

(6) The Area commander is responsible for completing the PSOB packet and sending it through channels to the Injury and Illness Case Management Unit (ICU).

b. Division Commander.

(1) The Division commander is responsible for supporting the Area commander and assisting with obtaining and approving resources outside the capabilities of the local command.

(2) The Division commander is responsible for ensuring the command has the appropriate resources to appropriately plan and execute the memorial service.

(3) The Division Commander is responsible for dissemination of pertinent information throughout the Division and to the appropriate Commissioner.

c. Assistant Commissioner, Field.

(1) The ACF is responsible for gathering, disseminating, and updating information to the Office of the Commissioner; Assistant Commissioner, Staff (ACS); OESA; ASU; Office of Community Outreach and Media Relations (COMR); and Information Technology Section.

(2) The ACF will draft and publish a Communications Network (Comm-Net) message ordering flags to be flown at half-staff at all CHP facilities, and the donning of the Tribute of Mourning ribbons by all uniformed members.

(3) The ACF and the Division where the death occurred should coordinate completion of the releasable information for the press and the public.

d. Assistant Commissioner, Staff.

(1) The ACS is responsible for approval of releasable incident information to the public and the press. This information will be used to create a script for the Bell Toll Tribute, Badges of Honor online magazine, and COMR press releases.

(2) The ACS is responsible for approval of the employee's photograph, which will be posted on the Badges of Honor online magazine.

(3) The ACS will order the mourning wreath for display at CHP Headquarters.

(4) The ACS is responsible for the final review of the PSOB packet and the National Law Enforcement Officers' Memorial Fund (NLEOMF) packages.

e. Office of Employee Safety and Assistance.

(1) The OESA is responsible for deploying the Critical Incident Response Team along with Peer Support Personnel and a mental health professional to LODDs.

(2) The OESA is responsible for assisting family and the Area commander with all stages of planning the memorial/funeral service. The OESA is responsible for initiating the enrollment forms for inclusion of the LODD employee's name on the State Capitol (refer to Annex B) and National Memorials (refer to Annex C), with the assistance of the Area/Division. The OESA will notify both the California Peace Officers' Memorial Foundation (CPOMF) and the NLEOMF of the death.

(a) California Peace Officers' Memorial Foundation Enrollment Guidelines. The circumstances surrounding the death of the peace officer must be such that the peace officer died in the line of duty from:

- 1 Injuries inflicted upon the officer by another.
- 2 Injuries received as a result of coming to the aid and assistance of a fellow officer or civilian.
- 3 Injuries sustained as the result of physical trauma, or as a result of exposure to hazardous materials.
- 4 A person should not be enrolled if their death was substantially caused by their own gross negligence, gross violation of law, or gross violation of departmental policy.
- 5 All requests for enrollment to the CPOMF must be submitted along with adequate documentation by the deceased employee's law enforcement association or employer.
- 6 In incidents of death not specifically described above, the case may be submitted to the CPOMF for review and evaluation.
- 7 It should be noted that the death of an officer while "on duty" does not create a presumption of an LODD, and each application for enrollment will be evaluated on its circumstances and supporting documentation.

(b) National Law Enforcement Officers' Memorial Fund Enrollment Guidelines. Each May, the names of officers killed in the line of duty nationwide are added to the NLEOMF wall in Washington, D.C. Officers killed in the line of duty during the preceding year are honored at the National Ceremony.

- 1 The term, "killed in the line of duty" means a law enforcement officer has died as a direct and proximate result of a personal injury suffered in the line of duty. It also includes victim law enforcement officers who, while in an off-duty capacity, are en route to or from a specific emergency or responding to a particular request for assistance; or the officer is, as required or authorized by law or condition of employment, driving an employer's vehicle to or from work; or when the officer is, as required by law or condition of employment, driving a personal vehicle during work hours and is killed while en route to or from work.

2 Not included under this definition are deaths attributed to natural causes, except when the medical condition arises out of physical exertion, while on duty, that is required by law or condition of employment including, but not limited to, the following:

a Running or other types of exercise being performed as part of training programs administered by the employing agency;

b Fitness tests administered by the employing agency;

c Lifting of heavy objects; or

d A specific stressful response:

1/ To a violation of law or emergency situation causing an officer's death immediately or within 24 hours of violation or emergency situation; or

2/ Causing an officer's death during a continuous period of hospitalization immediately following the specific response to the violation of law or emergency situation. Stressful responses include, but are not limited to, the following:

a/ A physical struggle with a suspected or convicted criminal;

b/ Performing a search and rescue mission that requires rigorous physical activity;

c/ Performing or assisting with emergency medical treatment;

d/ Responding to a violation of the law or emergency situation that involves a serious injury or death; or

e/ A situation that requires either a high-speed response or pursuit on foot or in a vehicle.

3 Not included are deaths attributed to voluntary alcohol or controlled substance abuse, deaths caused by the intentional misconduct of the officer, deaths caused by suicide, and death attributed to an officer performing duties in a grossly negligent manner.

4 Each death caused by disease should be reviewed by the Armed Forces Institute of Pathology or other medical personnel with similar skill and expertise. If it is determined that an officer died as a result of infectious disease contracted while performing official duties, or by exposure to hazardous materials or conditions while performing official duties, the deceased is eligible for inclusion on the Memorial.

5 An officer should be included if a department states the officer died in the line of duty and there is no information to believe otherwise. The NLEOMF research staff shall exhaust all possible means available to verify an officer's eligibility status, and the correct spelling of the officer's name. Efforts will include having the name verified by the law enforcement agency of record and a surviving family member.

6 The criteria for including an officer's name on the NLEOMF are separate and distinct from the LODD criteria used by other entities or programs, including state and local law enforcement memorials and the United States Department of Justice, PSOB Program. Acceptance for inclusion on the NLEOMF in no way impacts decisions made by the federal government regarding the awarding of PSOB benefits.

(3) The OESA is the departmental liaison for the State Capitol and National Memorials. The OESA will create the state and national briefing binder for the Office of the Commissioner and coordinate with the Area commander, survivors, CPOMF, NLEOMF, and other organizations regarding the Memorials.

(4) The OESA will be responsible for coordinating procedures and ensuring the appropriate paperwork is submitted regarding benefits and memorials.

(5) The OESA should coordinate with the Capitol Protection Section for Executive Management participation in the State Capitol Memorial Ceremony.

f. Injury and Illness Case Management Unit.

(1) The ICU is responsible for the following:

(a) Notifying California Public Employees' Retirement System (CalPERS) and State Fund of an employee's death related to employment.

(b) Assisting the Area/command with completing the CHP 121, Employer's Report of Occupational Injury or Illness.

(c) Assisting the Area/command with discussion of survivor benefits with the primary survivor and ensuring the OESA is present during the meeting with the survivor.

(d) Reviewing the PSOB packet once completed by the Area/Division.

(e) Verifying the PSOB packet completion and sending through channels to the Office of the Commissioner for signature and approval. Once the packet has been approved, ICU will mail the completed packet to the PSOB and notify the OESA of the submission.

g. Personnel Transactions Unit.

(1) The Personnel Transactions Unit is responsible for the following:

(a) Issuing the employee's final pay warrant, which will require a copy of the certified death certificate to process benefits. A facsimile copy is acceptable.

(b) Canceling direct deposit, if applicable.

(c) Notifying Commission on Peace Officer Standards and Training and the Department's Employee Benefits Unit of the LODD.

(d) Verifying state service and beneficiary information to ensure the information on the Comm-Net message matches the information in the employee's personnel file.

(e) Coordinating with the Area command for any outstanding CHP 415s, Daily Field Record, and STD. 634s, Absence and Additional Time Worked Report.

(f) Preparing CalPERS form BSD 738, Report of Separation for Death Request for Payroll Information.

(g) Processing the 077-096, Goldenrod – Service Certificate.

(h) Preparing the W-9, Request for Taxpayer Identification Number and Certification, for the widow(er), and delivering and distributing pay warrants to the Area command.

(i) Preparing the PPSD 21, Deceased Employee Data, for the State Controller's Office.

h. Academy Administrative Services Unit.

(1) The ASU will coordinate and execute the Bell Toll Tribute to be held at the Academy on the next business day following an officer LODD.

(2) The ASU will be responsible for procuring and coordinating the flying of a California State Flag over the State Capitol. The flown flag will be placed in a shadow box, and a memorial certificate will be prepared. The ASU will coordinate with the OESA for transportation of the flag to the memorial services site.

(3) The ASU will notify the Academy Plant Operations Unit and request the brass plaques be ordered for the Academy Memorial Fountain, family plaque, Academy administrative building wall plaque, and the headquarters plaque.

(4) The ASU monitors and updates the Officer Down Memorial Page located on the Web site at: www.ODMP.org.

(5) The ASU is responsible for the retention of all paperwork related to LODDs.

(6) The ASU is responsible for coordinating the CHP Academy Memorial each May, including mailing invitations to surviving families, dignitaries, retired Commissioners, etc. The ASU will coordinate with the OESA to ensure accurate address and survivor information has been obtained.

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ANNEX A

REPORT OF PUBLIC SAFETY OFFICER'S DEATH

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		APPROVED: OMB NO. 1121-0025 EXPIRES: 04/30/2007 FOR DOJ USE ONLY CASE NUMBER _____ DATE RECEIVED _____																								
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 benefit 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 requested information may result in a delay in processing this form and receipt of benefits. PLEASE PRINT CLEARLY OR TYPE.																										
1. NAME OF OFFICER (Last, First, Middle)		2. OFFICER'S TITLE																								
Johnson, George Michael		Officer																								
3. SOCIAL SECURITY NUMBER	4. DATE OF INJURY	5. DATE OF DEATH																								
123-45-6789	02/29/2008	02/29/2008																								
6. NAME AND PHYSICAL ADDRESS OF EMPLOYING AGENCY, ORGANIZATION OR UNIT IN WHOSE SERVICE DEATH OCCURRED (Include zip code)																										
California Highway Patrol 4040 Buck Owens Blvd Bakersfield, CA, 93308																										
PART I: NOTICE OF LINE OF DUTY DEATH OF PUBLIC SAFETY OFFICER																										
7. AT THE TIME OF INJURY THAT RESULTED IN DEATH WAS THE OFFICER WORKING A REGULAR SHIFT OR AN ASSIGNED OVERTIME SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, ATTACH AN AFFIDAVIT EXPLAINING THE OFFICER'S DUTY STATUS. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><u>AS A</u></td> <td style="width: 50%; border: none;"><u>IN THE SERVICE OF</u></td> </tr> <tr> <td style="border: none;">LAW ENFORCEMENT <input checked="" type="checkbox"/></td> <td style="border: none;">STATE GOVERNMENT <input checked="" type="checkbox"/></td> </tr> <tr> <td style="border: none;">CORRECTIONS OFFICER <input type="checkbox"/></td> <td style="border: none;">LOCAL UNIT OF GOVERNMENT <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">PROBATION OFFICER <input type="checkbox"/></td> <td style="border: none;">FEDERAL GOVERNMENT <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">PAROLE OFFICER <input type="checkbox"/></td> <td style="border: none;">LEGALLY ORGANIZED VOLUNTEER FIRE, AMBULANCE OR RESCUE SQUAD, DEPARTMENT</td> </tr> <tr> <td style="border: none;">FIRE FIGHTER <input type="checkbox"/></td> <td style="border: none;">ORGANIZED, CHARTED OR FORMED BY A PUBLIC AGENCY TO ACT ON ITS BEHALF</td> </tr> <tr> <td style="border: none;">JUDICIAL OFFICER <input type="checkbox"/></td> <td style="border: none;">IN PROVIDING FIRE OR RESCUE SERVICES TO THE PUBLIC <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">AMBULANCE AND RESCUE SQUAD MEMBER <input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">OTHER (Specify) <input type="checkbox"/></td> <td style="border: none;">OTHER (Specify) <input type="checkbox"/></td> </tr> </table>		<u>AS A</u>	<u>IN THE SERVICE OF</u>	LAW ENFORCEMENT <input checked="" type="checkbox"/>	STATE GOVERNMENT <input checked="" type="checkbox"/>	CORRECTIONS OFFICER <input type="checkbox"/>	LOCAL UNIT OF GOVERNMENT <input type="checkbox"/>	PROBATION OFFICER <input type="checkbox"/>	FEDERAL GOVERNMENT <input type="checkbox"/>	PAROLE OFFICER <input type="checkbox"/>	LEGALLY ORGANIZED VOLUNTEER FIRE, AMBULANCE OR RESCUE SQUAD, DEPARTMENT	FIRE FIGHTER <input type="checkbox"/>	ORGANIZED, CHARTED OR FORMED BY A PUBLIC AGENCY TO ACT ON ITS BEHALF	JUDICIAL OFFICER <input type="checkbox"/>	IN PROVIDING FIRE OR RESCUE SERVICES TO THE PUBLIC <input type="checkbox"/>	AMBULANCE AND RESCUE SQUAD MEMBER <input type="checkbox"/>		OTHER (Specify) <input type="checkbox"/>	OTHER (Specify) <input type="checkbox"/>	8. OFFICER'S EMPLOYMENT STATUS WHEN INJURY OCCURRED. FULL-TIME <input checked="" type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER <input type="checkbox"/>						
<u>AS A</u>	<u>IN THE SERVICE OF</u>																									
LAW ENFORCEMENT <input checked="" type="checkbox"/>	STATE GOVERNMENT <input checked="" type="checkbox"/>																									
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PAROLE OFFICER <input type="checkbox"/>	LEGALLY ORGANIZED VOLUNTEER FIRE, AMBULANCE OR RESCUE SQUAD, DEPARTMENT																									
FIRE FIGHTER <input type="checkbox"/>	ORGANIZED, CHARTED OR FORMED BY A PUBLIC AGENCY TO ACT ON ITS BEHALF																									
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AMBULANCE AND RESCUE SQUAD MEMBER <input type="checkbox"/>																										
OTHER (Specify) <input type="checkbox"/>	OTHER (Specify) <input type="checkbox"/>																									
9. WAS INJURY CONTRIBUTED BY: <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"></td> <td style="width: 15%;">YES</td> <td style="width: 15%;">NO</td> <td style="width: 30%;">UNKNOWN</td> </tr> <tr> <td>OFFICER'S GROSS NEGLIGENCE?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>OFFICER'S INTENTIONAL MISCONDUCT?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>OFFICER'S INTENT TO BRING ABOUT HIS OWN DEATH?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>OFFICER'S VOLUNTARY INTOXICATION?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>ANY PERSON WHO MAY BE ENTITLED TO BENEFIT?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> (Attach explanations for any "yes" answer.)				YES	NO	UNKNOWN	OFFICER'S GROSS NEGLIGENCE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OFFICER'S INTENTIONAL MISCONDUCT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OFFICER'S INTENT TO BRING ABOUT HIS OWN DEATH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OFFICER'S VOLUNTARY INTOXICATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY PERSON WHO MAY BE ENTITLED TO BENEFIT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	YES	NO	UNKNOWN																							
OFFICER'S GROSS NEGLIGENCE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																							
OFFICER'S INTENTIONAL MISCONDUCT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																							
OFFICER'S INTENT TO BRING ABOUT HIS OWN DEATH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																							
OFFICER'S VOLUNTARY INTOXICATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																							
ANY PERSON WHO MAY BE ENTITLED TO BENEFIT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																							
PART II: INFORMATION CONCERNING POSSIBLE CLAIMANTS: Provision of this information does not constitute a finding for or against an interim Payment of Benefits or Final Award of Benefits. If the officer was not married at the time of his death, but was cohabiting with another person in what could be construed as a common-law marriage, please indicate that relationship below.																										
10. NAMES, RELATIONSHIP, AND ADDRESS OF PERSONS IN PRECEDENCE ORDER AND APPLICABILITY CATEGORY AS FOLLOWS:																										
SURVIVING SPOUSE OR COHABITANT																										
NAME (Last, First, Middle)		SOCIAL SECURITY NO.																								
Johnson, Mary Elizabeth		246-80-1357																								
MAILING ADDRESS (Include zip code)																										
1234 Main St., Bakersfield, CA, 93308																										

PART II CONTINUED			
CHILDREN: NATURAL, ADOPTED, STEPCHILDREN, POSTHUMOUS, OUT OF WEDLOCK, REGARDLESS OF AGE OR DEPENDENCY STATUS			
10a. NAME (Last, First, Middle)	DATE OF BIRTH	SOCIAL SECURITY NO.	Marital status regardless of age
Johnson, James George	10-22-2004	135-79-0246	Married <input type="checkbox"/> Single <input checked="" type="checkbox"/>
Address (if different from item 11, above) and Telephone Number		PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER	
(559) 555-1234			
10a. NAME (Last, First, Middle)	DATE OF BIRTH	SOCIAL SECURITY NO.	Marital status regardless of age
			Married <input type="checkbox"/> Single <input type="checkbox"/>
Address (if different from item 11, above) and Telephone Number		PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER	
Please attach a separate sheet of paper if there are additional children.			
10.b IF THE DECEDENT IS SURVIVED BY NEITHER SPOUSE NOR ELIGIBLE CHILDREN, PROVIDE A COPY OF THE OFFICER'S MOST RECENT DEPARTMENTAL LIFE INSURANCE POLICIES, INCLUDING BENEFICIARY DESIGNATION PAGE. PLEASE NOTE: The decedent's family will be asked to provide the most recent private insurance policies.			
BENEFICIARIES:			
NAME (Last, First, Middle)		SOCIAL SECURITY NO.	
MAILING ADDRESS (Include zip code)			
NAME (Last, First, Middle)		SOCIAL SECURITY NO.	
MAILING ADDRESS (Include zip code)			
PART III: INFORMATION CONCERNING OTHER CLAIMS			
11. TO YOUR KNOWLEDGE HAS OR WILL A CLAIM BE FILED FOR BENEFITS UNDER: A) Federal Employees Compensation Act, Section 8191 title 5, U.S. Code? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> B) D.C. Retirement and Disability Act of September 1, 1916, Section 4-622? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART IV: CERTIFICATION A false answer to any question in this Statement may 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.			
12. EMPLOYING ORGANIZATION - To the best of my knowledge and belief, the above stated information is true and complete.			
ORGANIZATION	TYPED NAME & TITLE OF EMPLOYING AGENCY HEAD	SIGNATURE OF EMPLOYING AGENCY HEAD	
California Highway Patrol	Commissioner Warren Stanley		
ADDRESS (Include zip code)	PHONE NO.	E-MAIL ADDRESS	DATE
601 N. 7th St., Sacramento, CA. 95811	(916) 843-3001	WSTANLEY@chp.ca.gov	
13. IS THERE A RETIREMENT/DISABILITY BOARD, WORKERS COMPENSATION BOARD, COURT, OR OTHER ENTITY THAT WILL CONSIDER OR HAS BEEN CONSIDERED THE FACTS OF THIS CASE IN ORDER TO DETERMINE ELIGIBILITY FOR OTHER BENEFITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
14. WAS A FAVORABLE DECISION RENDERED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If "yes," on a separate sheet of paper please give address and telephone number for each entity.			
Public Reporting Burden			
Paper 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 that impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is 2½ hours per application. If you have comments regarding the accuracy of this claim, or suggestions for making this claim form simpler, you can write to the Public Safety Officers' Benefits Program, Bureau of Justice Assistance, 810 7th Street, NW, Washington, D.C. 20531 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20530.			

ANNEX B

CALIFORNIA PEACE OFFICERS' MEMORIAL FOUNDATION LINE OF DUTY DEATH ENROLLMENT FORM

CALIFORNIA PEACE OFFICERS' MEMORIAL FOUNDATION
1700 I Street, Suite 100 ♦ Sacramento CA 95811 ♦ www.camemorial.org ♦ cpomf@camemorial.org

LINE-OF-DUTY DEATH ENROLLMENT FORM

Full Name of Deceased: John Joseph Smith

Dept./Agency: California Highway Patrol

Address: P.O. Box 942898

City/Zip: Sacramento, CA 94298-0001

Date of Birth: 02-02-1980 Date of Appt: 04-04-2008 Date of Death: 10-23-2010

Circumstances of Death (short narrative or attach report): Officer Smith made a traffic enforcement stop on the northbound State Route 99 just north of Avenue 17 in Madera County. While outside of his vehicle, an errant driver approaching his location veered off the roadway and onto the shoulder where Officer Smith was standing. The vehicle struck Officer Smith, causing him fatal injuries.

Primary Survivor: Patti Smith Relationship: Wife

Address: 12345 Main Street

City/Zip: Madera/93637 Phone: (559) 555-5555

The above information is true and correct. John Joseph Smith was a peace officer by authority of Penal Code Section 830 et seq. and died in the line of duty.

Chief/Sheriff Signature: _____ Print Name: W. A. Stanley

Address: P.O. Box 942898 Phone: (916) 843-3001

City/Zip: Sacramento, CA 94298-0001 Fax: (916) 843-3264

Contact Person: Stefanie Marquez E-mail: smarquez@chp.ca.gov

Address: 601 North 7th Street Phone: (916) 843-3324

City/Zip: Sacramento, CA 95811 Fax: (916) 322-3165

Date Submitted To CPOMF: 10/30/2010

CPOMF Office Use Only		
Date Received:	_____	
Board Action Date:	_____	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Declined	<input type="checkbox"/> Pending

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ANNEX C

NATIONAL LAW ENFORCEMENT OFFICERS' MEMORIAL FUND

DATA FORM



National Law Enforcement Officers MEMORIAL FUND

NLEOMF OFFICER DATA FORM

AGENCY INFORMATION

NAME of AGENCY HEAD: Commissioner Warren Stanley

SUBMITTING AGENCY: California Highway Patrol

OFFICER AGENCY: California Highway Patrol

MAILING ADDRESS: P.O. Box 942898 City: Sacramento State: CA Zip 94298-0001

PHONE (916) 843-3001 FAX (916) 322-3165 CONTACT PERSON Stefanie Marquez

CONTACT PERSON PHONE & E-MAIL ADDRESS (916) 843-3320 / smarquez@chp.ca.gov

PERSONAL DATA ON DECEDENT OFFICER

FIRST NAME:	MIDDLE NAME:	SURNAME (INCLUDING SUFFIX, IF APPLICABLE):
-------------	--------------	--

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 STATE, BY P.O.S.T. (Police Officer Standards Training), OR BY A FEDERAL LAW ENFORCEMENT TRAINING ACADEMY? 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 NOT APPLICABLE

WAS THIS A TASK FORCE OPERATIONS? Yes NO UNKNOWN NOT APPLICABLE

NLEOMF MEMORIAL RESEARCH
901 E Street, NW | Suite 100 | Washington, DC 20004-2025 | (202) 737-3400 phone (202) 737-3405 fax
www.nleomf.org website | research@nleomf.org email

Please check the scenario that best describes the action that initiated the fatal incident:

- Officer was dispatched following a call to 911, an emergency communications call center or police station
If so, include a complete copy of the CAD sheet, Call Sheet, or Dispatch Data Sheet showing all the call information.
- Officer was responding to a call for assistance from another officer
- Officer was on a self-initiated activity, such as a vehicle stop or pedestrian stop
- Officer was responding to a cell phone call from a citizen or confidential source
- Officer was engages in a tactical operation (search warrant, buy/bust, barricade)
- Officer was flagged down or otherwise spontaneously contacted by a citizen
- Officer was on an administrative assignment (in transit to event or training)
- Other, please describe _____

(A) Check the type of call or activity that the officer was responding to:

- Assault call (fights, threats, or assaults with weapons)
- Burglary in progress or pursuing burglary suspects
- Disturbance call (disorderly person, loud noise, traffic complaint, etc.)
- Domestic disturbance/violence calls (family fights, custody dispute, stalking, etc.)
- Drug-related (possession, transporting, distribution, production)
- Emergency call/Search and rescue
- Investigate the trouble or suspicious person call
- Mentally ill or emotionally disturbed person call
- Officer in trouble call
- Robbery in progress call or pursuing robbery suspect
- Shots fired call
- Theft or fraud call (Shoplifting, theft of property, credit card fraud)
- Traffic enforcement (Stop, Check Point, running radar)
- Traffic crash (vehicle crash or pedestrian struck)

(B) Check the box that best describes the circumstance involved in the death:

- Ambush (**Premeditated, unexpected assault while concealed or by calculated advantage**)
- Attempting to place under arrest (foot chase or searching for suspect)
- Civil disorder (mass demonstration or riot, etc.)
- Handling, transporting, custody of prisoners
- Investigative activity (questioning suspects, taking report, interviewing witnesses)
- Tactical situation (felony stop, barricade, executing search warrant, hostage)
- Vehicular pursuit (collision, intentionally struck, placing stop sticks)
- Inadvertent shooting (crossfire, mistaken for offender, training mishap, etc.)
- Automobile crash (collision with another motor vehicle)
- Single automobile crash (vehicle left roadway or struck fixed object)
- Motorcycle crash (collision with another motor vehicle)
- Single motorcycle crash (motorcycle left roadway, skidded or struck fixed object)
- Struck by vehicle
- Aircraft accident
- Training
- Other cause (Fall, drowning, fire, etc. (specify) _____)
- 9-11 related illness
- Job related illness, (e.g. stress induced heart attack) _____

What was the approximate distance between the decedent officer and the offender(s)?

- 0-5 feet 6-10 feet 11-20 feet Greater than 50 feet N/A

If this case involved a traffic collision, was it a violation of the "Move Over" law? Yes No

Weapon used against the Officer:

- | | | | | |
|--|----------------------------------|--------------------------------|---|---|
| <input type="checkbox"/> Firearm (check one): | <input type="checkbox"/> Handgun | <input type="checkbox"/> Rifle | <input type="checkbox"/> Shotgun | <input type="checkbox"/> Officer's own weapon |
| <input type="checkbox"/> Armor-piercing ammunition | | | <input type="checkbox"/> Knife or other cutting instrument | |
| <input type="checkbox"/> Bomb | | | <input type="checkbox"/> Blunt instrument (club, brick, etc.) | |
| <input type="checkbox"/> Vehicle | | | (specify): _____ | |
| <input type="checkbox"/> Personal weapons (hands, fists, feet, etc.) | | | <input type="checkbox"/> Other | |
| | | | (specify): _____ | |

Involvement of other Officers:

- DECEASED (officer(s) killed in same incident) WOUNDED (officer(s) wounded in same incident)
_____ [identify officer(s)]

SPECIAL SQUAD

- | | |
|---------------------------------------|---------------------------------|
| 1. Drug: Drug Team Member _____ | 4. K-9: K-9 Officer _____ |
| 2. ERT: Emergency Response Team _____ | 5. SWAT: SWAT Team Member _____ |
| 3. GTF: Gang Task Force _____ | |

- Was Decedent wearing body armor? No Yes _____ hard body armor _____ soft body armor
Was body armor penetrated? No Yes
Was Decedent wearing a seatbelt No Yes
Was Decedent in uniform? No Yes Plainclothes
Was Decedent driving/riding in a department vehicle? No Yes N/A

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 DOCUMENTATION:

- | | |
|-------------------------------------|--|
| 1. Incident Report (with narrative) | 5. News articles regarding incident/death |
| 2. CAD sheet/Dispatch data | 6. Copy of officer's sworn certificate |
| 3. Death certificate | 7. High quality Officer photograph (pg. 4) |
| 4. Autopsy Report (if available) | |
| 5. | |
- 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 LINE OF DUTY.
- OUR AGENCY HAS CONCLUDED THAT THIS OFFICER'S DEATH IS NOT CONSIDERED LINE OF DUTY.

(Signature of Agency Head)

(Date)

The criteria for including an officer's name on the National Law Enforcement Officers Memorial are separate and distinct from the line-of-duty-death criteria used by other entities or programs, including state and local law enforcement memorials and the Public Safety Officers' Benefits (PSOB) Program, U.S. Department of Justice. Acceptance for inclusion on the National 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 NLEOMF 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.**

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

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

PHOTOGRAPH REQUIREMENTS

The Memorial Fund requires a high quality photograph of the victim officer. **Do not send a photocopy.** Send a high resolution image no smaller than 4" x 6" and no larger than 8" x 11".

If you are sending a digital photo electronically, use an original photo that is at least 4" x 6" and scan the photo at a resolution of 600 ppi (pixels per inch). Save the digital photo on a formatted CD or USB flash drive. NLEOMF will not be able to return the DC or the flash drive. You may email the photo to research@nleomf.org

***The NLEOMF Officer Data Form should be submitted, with documentation, even if survivors and or the officer's picture cannot be located. [2016]**

THE DEADLINE FOR SUBMITTING THIS FORM IS DECEMBER 31st.