

**REQUEST FOR LAW ENFORCEMENT VERIFICATION OF INCIDENT
(INFORMATION REQUESTED WILL BE USED FOR OFFICIAL USE ONLY)**

PART I: LAW ENFORCEMENT IDENTIFICATION INFORMATION

- A. Law enforcement office investigating the crime:
- B. Date and time the crime occurred:
- C. Date and time the crime was reported:
- D. Victim name, date of birth, and SSN

PART II: CRIME VERIFICATION INFORMATION

- A. Reported crime (i.e., homicide, aggravated battery, etc.):

- B. what injuries were sustained by the victim:

- C. Apparent cause of injury or death, if known:

- D. To the best of your knowledge, at this time, is there reasonable cause to suspect that the victim committed a criminal act in connection with this incident?:

No Yes

- 1. If yes, please explain:

- E. Was there any type of gang activity connected to this incident?:

No Yes

- 1. Was the victim a known gang member?:

No Yes

Other

- 2. Is there reason to believe that the victim was involved in gang activity at time of the crime?:

No Yes

Other

F. Please provide a brief summary of the incident or a copy of the investigative summary:

G. Has the subject or suspect been identified?: No Yes

1. If yes, please list subject or suspect's name(s):

2. Have any arrests been made?: No Yes

H. Have any charges been filed in the case against the victim?: No Yes

1. If yes, please list the charges:

I. Was the victim under the influence of drugs or alcohol at the time of the crime?:

No Yes

Unknown (*please explain)

PART III: AUTHORIZATION INFORMATION

Signature of the person who completed this form:

Print name:

Title:

Date: