

**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**

**This section must be completed by certified law enforcement officer**

**Signature of the person who completed this form:**

**Print name:**

**Title & Badge Number:**

**Date:**