



NEW MEXICO CRIME VICTIMS REPARATION COMMISSION

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**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 & Time the crime occurred:

C. Date the crime was reported:

D. Victim name, date of birth, and SSN:

PART II: CRIME VERIFICATION INFORMATION

A. Reported crime (e.g. homicide):

B. Location of Crime:

C. What injuries were sustained by the victim:

D. Apparent cause of injury or death, if known:

E. To the best of your knowledge, did the victim's actions cause, in a substantial way what happened?

No Yes

1. If yes, please explain:

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

No Yes

Other:

F. Have any charges been filed in the case against the victim?

No Yes

1. If yes, please list the charges:

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

No Yes Unknown (please explain)



H. Please provide a brief, but detailed, summary of the incident or a copy of the investigative summary.
All submitted information will remain confidential and will not be released.

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

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

2. Have any arrests been made?:

No Yes

PART III: AUTHORIZATION INFORMATION

This section must be completed by a certified law enforcement officer

Signature of the certified law enforcement officer who completed this form:

Print name, Title, and Badge Number:

Contact Information (phone/email), if Additional Information is needed:

Date: