



NEW MEXICO CRIME VICTIMS REPARATION COMMISSION

6200 UPTOWN BLVD. NE SUITE 210 • ALBUQUERQUE, NM 87110
Phone (505) 841-9432 Toll-Free (800) 306-6262 Fax (505) 841-9437
Website: www.cvrc.state.nm.us E-mail: cvrc.office@cvrc.nm.gov

**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?

1. No Yes

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. Please refer to: NMSA 1978 §31-22-18 (Confidentiality of records, reports and claim files) and NMSA 1978 §29-10-5 (Exchange of Information).**

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

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

2. Has an arrest 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: