

# IOWA PEACE OFFICER MEMORIAL OFFICIAL SUBMISSION FORM



Iowa Department of Public Safety  
Strategic Communications Bureau - Commissioner's Office  
Attn: Sergeant Alex Dinkla – PIO – Iowa State Patrol  
215 East 7<sup>th</sup> Street  
Des Moines, Iowa 50319  
Telephone: 515.725.6189

Website: <https://dps.iowa.gov/divisions/commissioners-office/iowa-peace-officer-memorial>

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## AGENCY INFORMATION

NAME OF AGENCY HEAD: \_\_\_\_\_

AGENCY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: IOWA ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

CONTACT PERSON PHONE: \_\_\_\_\_ CONTACT PERSON EMAIL ADDRESS: \_\_\_\_\_

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## PERSONAL DATA ON VICTIM OFFICER

Officer's Full Name – *Please Print Clearly*:

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 \_\_\_\_\_

(Please attach additional sheets, if necessary)

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT (MILITARY): \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX:  Male  Female

WAS OFFICER CERTIFIED/LICENSED BY THE STATE OF IOWA?  Yes  No

LENGTH OF LAW ENFORCEMENT SERVICE: \_\_\_\_\_  
Years 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 death?     Yes    No    Unknown

The cause of death was:     Felonious  
                                   Accidental  
                                   Natural  
                                   Health Related  
                                   Previous Injury  
                                   Off-Duty

Was offender under the influence of:     Alcohol    Narcotics    Both    Unknown    Not Applicable

**(A)** Check the circumstance that best describes the felonious death; if accidental death, skip to (B), if natural death, skip to (C), if health related death, skip to (D), if previous injury death, skip to (E), and if off-duty death, skip to (F):

- Disturbance call (bar fights, person with firearm, etc.)
- Domestic disturbance call (family quarrels)
- Burglary in progress or pursuing burglary suspects
- Robbery in progress or pursuing robbery suspects
- Drug-related matter (drug bust, buys, etc.)
- Attempting other arrest (excludes burglary and robbery arrest)
- Civil disorder (mass disobedience, riot, etc.)
- Handling, transporting, custody of prisoners
- Investigating suspicious persons or circumstances
- Ambush (entrapment and premeditation)
- Ambush (unprovoked attack)
- Investigative activity (surveillance, searches, interviews, etc.)
- Handling mentally deranged persons
- Traffic pursuits and stops (check one):    Felony vehicle stop    Traffic violation stop
- Tactical situation (barricaded offender, hostage taking, or high-risk entry)

**(B)** Check the circumstance that best describes the accidental death; if natural death, skip to (C), if health related death, skip to (D), if previous injury death, skip to (E), and if off-duty death, skip to (F):

- Accidental shooting (crossfire, mistaken for offender, mishap)
- Accidental shooting (training mishap)
- Accidental shooting (self inflicted, cleaning mishap, or not apparent or confirmed suicide)
- Automobile accident (unrelated to enforcement, e.g., an assistance activity)
- Automobile accident (related to criminal enforcement activity)
- Motorcycle accident (unrelated to enforcement, e.g., an assistance activity)
- Motorcycle accident (related to criminal enforcement activity)
- Struck by vehicle (unrelated to enforcement, e.g., an assistance activity)
- Struck by vehicle (related to criminal enforcement activity)
- Aircraft accident
- Other accidental (fall, fire, drowning, etc.)  
    (specify): \_\_\_\_\_

**(C)** Check the circumstance that best describes the natural cause death; if health related death, skip to (D), if previous injury death, skip to (E), and if off-duty death, skip to (F), (the peace officer will only be eligible if hospitalization or death occurs within 48 hours of the incident and must be attributed to the incident by a certified medical professional. Written proof may be required. Natural cause deaths that occur while on-duty but not during or following a physical exertion during a stressful event will not be eligible.):

- Struggle with a suspect
- Foot chase or other pursuit of a suspect
- Required departmental training
- Other  
(specify): \_\_\_\_\_

**(D)** Check the circumstance that best describes the health related death; if previous injury death, skip to (E), and if off-duty death, skip to (F), (evidence of a direct relation between a duty related incident and the contraction of a disease or illness must be presented in the form of official documentation):

- Contraction of an infectious disease or illness
- Contraction of an infection of illness as a result of a duty related illness
- Health related issues due to a HAZMAT incident
- Other  
(specify): \_\_\_\_\_

**(E)** Provide information that best describes the previous injury death; if off-duty death, skip to (F), (written proof, such as a coroner's report or department records, may be required):

\_\_\_\_\_

**(F)** Provide information that best describes the off-duty related death:

\_\_\_\_\_

**Weapon used to kill victim Officer:**

- Firearm (check one):
  - Handgun  Rifle  Shotgun
- Knife or other cutting instrument
- Bomb
- Blunt instrument (club, brick, etc.)  
(specify): \_\_\_\_\_
- Personal weapons (hands, fists, feet, etc.)
- Vehicle
- Other  
(specify): \_\_\_\_\_

**Involvement of other Officers:**

DECEASED (other officers killed in same incident, please identify): \_\_\_\_\_  
\_\_\_\_\_

WOUNDED (other officers wounded in same incident, please identify): \_\_\_\_\_  
\_\_\_\_\_

**Indicate the location of the incident by:**

City: \_\_\_\_\_  
County: \_\_\_\_\_  
State: \_\_\_\_\_  
Precinct/Barrack/Station: \_\_\_\_\_

**Special Squad**

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

**Was Decedent Wearing Protective Armor?**

Yes  
 No  
 Unknown

**Was Decedent Wearing Seatbelt?**  Yes  No

**PROVIDE A BRIEF DESCRIPTION OF THE CIRCUMSTANCES:**

This information is critical and must be completed. A note of "See Attached Document" is not acceptable.

\_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING:**

1. Photograph of the victim officer (If a photo is not available, please submit the completed form)
2. Death certificate and/or coroner's report
3. Initial police/incident report
4. Copy of victim officer's sworn officer certificate
5. Copies of news articles regarding incident/death

If these items have **not** been included, please provide explanation below:

\_\_\_\_\_

**OUR DEPARTMENT 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 AND SHOULD BE LISTED ON THE IOWA PEACE OFFICER MEMORIAL.**

**OUR DEPARTMENT HAS CONCLUDED THAT THIS OFFICER'S DEATH IS NOT CONSIDERED LINE OF DUTY.**

\_\_\_\_\_  
*(Signature of AGENCY HEAD)*

\_\_\_\_\_  
*(Date)*

December 31<sup>st</sup> of each calendar year is the submission deadline to be considered for inclusion on the Memorial for the following year.

PLEASE ENTER SURVIVOR INFORMATION ON THE NEXT PAGE

**PLEASE PROVIDE US WITH A LIST OF SURVIVING FAMILY MEMBERS.**

**Please provide the name and address of at least one surviving family member if known, for verification of information provided by the department, particularly, the spelling of the officer's name, as it will appear on the Memorial. The Iowa Department of Public Safety 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: \_\_\_\_\_  
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**\*The Iowa Peace Officer Memorial Officer Data Form should be submitted even if survivors cannot be located.**