



FBI Uniform Crime Reporting LEOKA Program

(304) 625-3521 - leoka-statistics@ic.fbi.gov



LEOKA Disclaimer

By using this software application, you acknowledge and agree to abide by the following:

1. This software application shall be used solely for the purpose of providing data to the Federal Bureau of Investigation's (FBI) Law Enforcement Officers Killed and Assaulted Program;
2. Manipulation, reverse-engineering, or otherwise modifying this software application is prohibited;
3. The user shall not attempt to decrypt any files containing data collected by this software application;
4. Use of the software is at the user's sole risk. The user will be solely responsible for any damage resulting from the installation and use of the software and;
5. The FBI makes no representations about the software, and is providing the software to the end user "as is" and without warranty of any kind. The FBI expressly disclaims all warranties implied, expressed, or statutory; including but not limited to the warranties of non-infringement of third party rights, title, merchantability, fitness for a particular purpose or freedom from computer virus, with respect to the software application.

Accept to Continue

Exit the LEOKA Wizard

Getting started ...

What is the LEOKA Wizard — The FBI's Law Enforcement Officers Killed and Assaulted (LEOKA) Wizard is an electronic combination of Forms 1-701 and 1-701a (OMB No. 1110-0009). This data collection is authorized by law Title 28, Section 534, U.S. Code. Please use the LEOKA Wizard to report circumstances and other details regarding law enforcement officers from your agency who were accidentally killed, feloniously killed, or assaulted and injured with a firearm or a knife/other cutting instrument. The information you submit will assist the FBI in the compilation of the annual publication, *Law Enforcement Officers Killed and Assaulted*, and will also provide valuable data for law enforcement purposes, including officer training. The anticipated release date of the annual publication is October of the year following the year of death or assault. Previously released annual publications may be accessed on the Internet at <<http://www.fbi.gov/about-us/cjis/ucr/leoka>>. Your cooperation, time, and effort are appreciated.

LEOKA Wizard Submissions Should Be Completed Per Incident — Please be aware the FBI's Law Enforcement Officers Killed and Assaulted (LEOKA) Wizard is incident-based and, upon completion, should contain information in reference to all eligible victims, offenders, and/or attachments relating to a single incident. If there are separate incidents, please begin a new LEOKA Wizard for each incident.

Help and Detailed Instructions — A **Help** menu exists at the top right corner of each wizard screen. Instructions, a wizard tutorial, definitions, and other supportive and required OMB information are available as a reference at any time during your wizard session.

Contact Information — If there are any questions, please contact the FBI, Criminal Justice Information Services Division, Attention: LEOKA Program, Module E-3, 1000 Custer Hollow Road, Clarksburg, WV 26306-0159; telephone (304) 625-3521, or email LEOKA Program staff at <leoka-statistics@ic.fbi.gov>.

[Start a New Incident File](#)[Continue an Existing Incident File](#)[Delete an Existing Incident File](#)[Exit the LEOKA Wizard](#)

Start a New Incident File

— Preliminary Information

Incident Month / Year — Select the month and enter the year the incident occurred.

September ▾

2014

Victim Officer's Agency Name — Enter the name of the victim officer's law enforcement agency.

County Sheriff's Office

Pass Key — Enter the pass key provided within the email requesting LEOKA information about this incident.

Back

Next

Preparer

— Preliminary Information

Name — Enter the preparer's name.

☐ NMN

Rank — Select the preparer's rank.



Title — Select the preparer's title.



Telephone — Enter the preparer's telephone number.

Email Address — Enter the preparer's email address.

Incident Assessment

— Preliminary Information

Accidental Death — Were any officers killed as a direct result of an accident or negligence that occurred while the officer was acting in an official capacity?

☒ Yes

☐ No

Felonious Killing — Were any officers, while engaged in or on account of the performance of their official duties, fatally injured as a direct result of a willful and intentional act by an offender?

☐ Yes

☒ No

Nonfatal Assault — Were any officers assaulted while engaged in or on account of the performance of their official duties?

☐ Yes

☒ No

Back

Next

LEOKA Wizard

Close the Incident File

Help ▾

Victim Officers

— Preliminary Information

Enter Victim Officers — Answer the following questions related to a single victim officer. You will be asked if there are additional victim officers involved in this specific incident.

[Back](#)[Next](#)

Victim Officer

— Preliminary Information

Name — Enter the victim officer's name.

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> NMN	<input type="text"/>	No Suffix ▾
----------------------	----------------------	------------------------------	----------------------	-------------

Rank — Select the victim officer's rank.

Other Rank ▾	Senior Deputy
--------------	---------------

Another Victim Officer — Is there another victim officer to be entered associated with this specific incident?

- ☐ Yes
- ☒ No

Back

Next

Overview

- Tracking # 201409-1422891887
- C:\Local Apps\leoka-wizard-sa-sc-win32-v1.0\data\201409-1422891887.lka

Instruction — This incident file contains un-started or incomplete areas ⚠. Click the pencil ✎ to the right of each table row that requires attention. ✕

Victim Officers



Senior Deputy [redacted]
[redacted] County Sheriff's Office
Start Section



Start



Delete



Add Victim

Preparers



Stacy [redacted], HR Assistant Sr.
[redacted]-4986
stacy [redacted].us



Edit



Delete




Add Preparer

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— General Data Pertaining to Incident

Type of Incident — Select the type of incident for this specific victim officer. 

- ☒ Accidental Death
- ☐ Felonious Killing
- ☐ Assault with Injury

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— General Data Pertaining to Incident

Date of Incident — Select the month and day, and enter the year the incident occurred.

September ▾

18 ▾

2014

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

— General Data Pertaining to Incident

Date of Death — Select the month and day, and enter the year the victim officer died.

September ▾

18 ▾

2014

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Criteria Assessment

LEOKA Program Criteria — Select all criteria which apply to the victim officer.

- ☒ Wears/carries a badge (ordinarily)
- ☒ Carries a firearm (ordinarily)
- ☒ Is duly sworn and has full arrest powers
- ☒ Is a member of a public governmental law enforcement agency and is paid from government funds set aside specifically for payment of sworn law enforcement
- ☒ Was acting in an official capacity, whether on or off duty, at the time of the incident

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Criteria Assessment

Verify Death Directly Related to Incident Injuries — Was the victim officer's death directly related to injuries received during the incident?☒ Yes☐ No

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Criteria Assessment

Verify Death Result of Natural Causes — Was the victim officer's death the result of a natural cause, such as a stroke, heart attack, etc?

☐ Yes

☒ No

Back

Cancel

Next

Senior Deputy

— County Sheriff's Office

— Accidental Death

Instruction — This section contains un-started or incomplete areas ⚠. Click the pencil ✎ to the right of each table row that requires attention. ✕

Accidental Death

**Data Pertaining to Victim Officer's Agency***Start Section*

Start



Clear

**General Data Pertaining to Incident***Start Section*

Start



Clear

**Personal Data Pertaining to Victim Officer***Start Section*

Start



Clear

**Environmental Factors***Start Section*

Start



Clear

**Circumstances Surrounding Incident***Start Section*

Start



Clear

**Protective / Safety Equipment***Start Section*

Start



Clear

**Type of Accident***Start Section*

Start



Clear

Senior Deputy [REDACTED]

- [REDACTED] County Sheriff's Office
- Accidental Death
- Data Pertaining to Victim Officer's Agency

Victim Officer's Agency Name — Enter the name of the victim officer's law enforcement agency.

[REDACTED] County Sheriff's Office

ORI — Enter the agency's Originating Agency Identifier.

[REDACTED] 70000

Type of Agency — Select the type of agency.

County ▾

Back

Cancel

Next

LEOKA Wizard

Close the Incident File

Help ▾

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

— Data Pertaining to Victim Officer's Agency - Head of Agency

Name — Enter the name of the head of agency.

[REDACTED]

No middle name

☒ NMN

[REDACTED]

No Suffix ▾

Rank — Select the rank of the head of agency.

Sheriff ▾

Title — Select the title of the head of agency.

Not Applicable ▾

Email Address — Enter the email address of the head of agency.

[REDACTED]us

Back

Cancel

Next

Senior Deputy [REDACTED]

- [REDACTED] County Sheriff's Office
- Accidental Death
- Data Pertaining to Victim Officer's Agency

Agency Mailing Address — Enter the agency's mailing address.

P.O. Box 1748

Address line 2

[REDACTED]

[REDACTED]

▼

[REDACTED]

Agency Telephone — Enter the agency's telephone number.

[REDACTED] 4901

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

Instruction — This section is complete ✓. When ready, click *Return to Overview* at the bottom left of the table. ✕

Data Pertaining to Victim Officer's Agency

✓	Victim Officer's Agency Name [REDACTED] County Sheriff's Office		
		Edit	Clear
✓	ORI [REDACTED]0000		
		Edit	Clear
✓	Type of Agency County		
		Edit	Clear
✓	Head of Agency Sheriff [REDACTED]		
		Edit	Clear
✓	Head of Agency Email Address [REDACTED].US		
		Edit	Clear
✓	Agency Mailing Address P.O. Box 1748 [REDACTED]		
		Edit	Clear
✓	Agency Telephone [REDACTED]		
		Edit	Clear

Instruction — This section is complete ✓. When ready, click *Return to Overview* at the bottom left of the table. ✕

Data Pertaining to Victim Officer's Agency



Victim Officer's Agency Name

County Sheriff's Office



Edit



Clear



ORI

0000



Edit



Clear



Type of Agency

County



Edit



Clear



Head of Agency

Sheriff



Edit



Clear



Head of Agency Email Address

.US



Edit



Clear



Agency Mailing Address

P.O. Box 1748,



Edit



Clear



Agency Telephone

4901



Edit



Clear

Return to Victim Officer Details

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

Instruction — This section contains un-started or incomplete areas ⚠. Click the pencil ✎ to the right of each table row that requires attention. ✕

Accidental Death



Data Pertaining to Victim Officer's Agency
Completed



Edit



Clear



General Data Pertaining to Incident
Start Section



Start



Clear



Personal Data Pertaining to Victim Officer
Start Section



Start



Clear



Environmental Factors
Start Section



Start



Clear



Circumstances Surrounding Incident
Start Section



Start



Clear



Protective / Safety Equipment
Start Section



Start



Clear



Type of Accident
Start Section



Start



Clear

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— General Data Pertaining to Incident

Agency Incident/Case Number — Enter the agency's incident/case number.

14-25175

Back

Cancel

Next

Senior Deputy

— County Sheriff's Office

— Accidental Death

— General Data Pertaining to Incident

Date of Incident — Select the month and day, and enter the year the incident occurred.

September ▾

18 ▾

2014

Time of Incident — Select the time the incident occurred.

1 ▾

:

52 ▾



AM



PM

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— General Data Pertaining to Incident

Verify On Duty — Was the victim officer on duty at the time of incident?☒ Yes☐ No**Time On Duty Prior to Incident** — Enter the amount of time the victim officer was on duty prior to the incident occurring.

5

hour(s)

0

minute(s)

☐ Unknown

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— General Data Pertaining to Incident - Location

City of Incident — Enter the city where the incident occurred.**County of Incident** — Enter the county where the incident occurred.**State of Incident** — Select the state where the incident occurred.**Country of Incident** — Select the country or U.S. territory where the incident occurred.

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

— General Data Pertaining to Incident - Location

Type of Location — Select the type of location where the accident occurred.

Public space ▾

Lakes/rivers/parks ▾

Description of Location — Select the description of the location where the accident occurred.

Outside ▾

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

Instruction — This section is complete ✓. When ready, click *Return to Overview* at the bottom left of the table.



General Data Pertaining to Incident

**Agency Incident/Case Number**

14-25175



Edit



Clear

**Date and Time of Incident**

September 18, 2014 (09/04/2014) @ 1:52 am (01:52 hours)



Edit



Clear

**Time On Duty Prior to Incident**

5 hours 0 minutes (5.00 hours)



Edit



Clear

**Location**

[REDACTED], United States



Edit



Clear

**Type and Description of Location**

Public Space - Lakes/rivers/parks, Outside



Edit



Clear

[Return to Victim Officer Details](#)

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

Instruction — This section contains un-started or incomplete areas ⚠. Click the pencil ✎ to the right of each table row that requires attention. ✕

Accidental Death



Data Pertaining to Victim Officer's Agency
Completed



Edit



Clear



General Data Pertaining to Incident
Completed



Edit



Clear



Personal Data Pertaining to Victim Officer
Start Section



Start



Clear



Environmental Factors
Start Section



Start



Clear



Circumstances Surrounding Incident
Start Section



Start



Clear



Protective / Safety Equipment
Start Section



Start



Clear



Type of Accident
Start Section



Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Personal Data Pertaining to Victim Officer

Date of Birth — Select the month and day, and enter the year the victim officer was born.

April ▾

[REDACTED] ▾

[REDACTED]

☐ Unknown

Height — Select the height of the victim officer.

5 ▾

feet

6 ▾

inches

☐ Unknown

Weight — Enter the weight of the victim officer.

129

lbs

☐ Unknown

Sex — Select the sex of the victim officer.

Female ▾

☐ Unknown

Back

Cancel

Next

LEOKA Wizard

Close the Incident File

Help ▾

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

— Personal Data Pertaining to Victim Officer

Race — Select the race of the victim officer.

White ▾

☐ Unknown**Ethnicity** — Select the ethnicity of the victim officer.

Not Hispanic or Latino ▾

☐ Unknown

Back

Cancel

Next

Senior Deputy— **County Sheriff's Office**

— Accidental Death

— General Data Pertaining to Incident

Total Law Enforcement Experience at the Time of Incident — Enter the victim officer's total law enforcement experience at the time of incident. Include previous law enforcement experience the victim officer may have had with other law enforcement agencies.

7

year(s)

1

month(s)

☐ Unknown

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

— Personal Data Pertaining to Victim Officer

Verify Certified/Licensed — Was the victim officer certified/licensed by a federal, regional, state, local, or POST (Police Officer Standard Training) academy?

☒ Yes

☐ No

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Personal Data Pertaining to Victim Officer

Verify Firearm Training Received — Had the victim officer received firearm training?☒ Yes☐ No☐ Unknown**Months Since Last Firearm Training** — Enter the number of months since the victim officer last received firearm training.

5

month(s)

☐ Unknown

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Personal Data Pertaining to Victim Officer

Verify Driver Training Received — Had the victim officer received driver training?☒ Yes☐ No☐ Unknown**Months Since Last Driver Training** — Enter the number of months since the victim officer last received driver training.

26

month(s) ☐ Unknown

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Personal Data Pertaining to Victim Officer

Verify Officer Safety Training Received — Had the victim officer received officer safety training?☒ Yes☐ No☐ Unknown**Months Since Last Officer Safety Training** — Enter the number of months since the victim officer last received officer safety training.

18

month(s) ☐ Unknown

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Personal Data Pertaining to Victim Officer

Verify Worked in a Law Enforcement Capacity Immediately Preceding Incident — In the 48 hours immediately preceding the incident, did the victim officer work in a law enforcement capacity?

- ☒ Yes
☐ No
☐ Unknown

Time Worked in a Law Enforcement Capacity — In the 48 hours immediately preceding the incident, enter the amount of time the victim officer worked in a law enforcement capacity.

15 ▾ hour(s) 0 ▾ minute(s) ☐ Unknown

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Personal Data Pertaining to Victim Officer

Verify Worked in a Non-Law Enforcement Capacity Immediately Preceding Incident — In the 48 hours immediately preceding the incident, did the victim officer work in a non-law enforcement capacity?

☐ Yes☒ No☐ Unknown

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

Instruction — This section is complete ✓. When ready, click *Return to Overview* at the bottom left of the table.**Personal Data Pertaining to Victim Officer****Victim Officer**

Senior Deputy [REDACTED]



Edit



Clear

**Date of Birth**

[REDACTED]



Edit



Clear

**Date of Death**

September 18, 2014 (09/18/2014)



Edit



Clear

**Height**

5 feet 6 inches



Edit



Clear

**Weight**

129 lbs



Edit



Clear

**Sex**

Female



Edit



Clear

**Race**

[REDACTED]



LEOKA Wizard

Close the Incident File

Help ▾

Female

Edit

Clear

**Race**

White



Edit



Clear

**Ethnicity**

Not Hispanic or Latino



Edit



Clear

**Total Law Enforcement Experience at the Time of Incident**

7 year(s) 1 month(s)



Edit



Clear

**Certified/Licensed**

Yes



Edit



Clear

**Months Since Last Firearm Training**

5 month(s)



Edit



Clear

**Months Since Last Driver Training**

26 month(s)



Edit



Clear

**Months Since Last Officer Safety Training**

18 month(s)



Edit



Clear

**Time Worked in a Law Enforcement Capacity Immediately Preceding Incident**

15 hour(s) 0 minute(s) (15.00 hours)



Edit



Clear

**Time Worked in a Non-Law Enforcement Capacity Immediately Preceding Incident**

Not Applicable



Edit



Clear

[Return to Victim Officer Details](#)

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

Instruction — This section contains un-started or incomplete areas ⚠. Click the pencil ✎ to the right of each table row that requires attention. ✕

Accidental Death



Data Pertaining to Victim Officer's Agency
Completed



Edit



Clear



General Data Pertaining to Incident
Completed



Edit



Clear



Personal Data Pertaining to Victim Officer
Completed



Edit



Clear



Environmental Factors
Start Section



Start



Clear



Circumstances Surrounding Incident
Start Section



Start



Clear



Protective / Safety Equipment
Start Section



Start



Clear



Type of Accident
Start Section



Start



Clear

Senior Deputy

— *County Sheriff's Office*

— Accidental Death

— Environmental Factors

Weather Conditions — Select the weather condition that is the most relevant at the time of incident.

- | | | |
|---|---|--|
| <input type="radio"/> Clear | <input type="radio"/> Sleet, hail | <input type="radio"/> Tornado |
| <input type="radio"/> Cloudy | <input type="radio"/> Snow | <input type="radio"/> Blowing sand, soil, dirt |
| <input type="radio"/> Fog, smoke, smog | <input type="radio"/> Blizzard | <input type="radio"/> Other (specify) |
| <input type="radio"/> Rain | <input type="radio"/> Severe crosswinds | <input type="radio"/> Unknown |
| <input checked="" type="radio"/> Flooding | <input type="radio"/> Hurricane | <input type="radio"/> Not applicable (indoors) |

Back

Cancel

Next

Senior Deputy — *County Sheriff's Office*

— Accidental Death

— Environmental Factors

Lighting Conditions — Select the weather condition that is the most relevant at the time of incident.

- ☐ Dawn
- ☐ Daylight
- ☐ Dusk
- ☒ Dark
- ☐ Artificial
- ☐ Unknown

Dim or Poor Lighting — Would lighting conditions have been considered dim or poor?

- ☒ Yes
- ☐ No
- ☐ Unknown

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

Instruction — This section is complete ✓. When ready, click *Return to Overview* at the bottom left of the table.



Environmental Factors



Weather Conditions
Flooding



Edit



Clear



Lighting Conditions
Dark



Edit



Clear



Dim or Poor Lighting
Yes



Edit



Clear

[Return to Victim Officer Details](#)

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

Instruction — This section contains un-started or incomplete areas ⚠. Click the pencil ✎ to the right of each table row that requires attention. ✕

Accidental Death



Data Pertaining to Victim Officer's Agency
Completed



Edit



Clear



General Data Pertaining to Incident
Completed



Edit



Clear



Personal Data Pertaining to Victim Officer
Completed



Edit



Clear



Environmental Factors
Completed



Edit



Clear



Circumstances Surrounding Incident
Start Section



Start



Clear



Protective / Safety Equipment
Start Section



Start



Clear



Type of Accident
Start Section



Start



Clear

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

— Circumstances Surrounding Incident

Initiating Activity — Death or injury occurred while victim officer was:

- ☒ Conducting self-initiated activity
- ☐ Answering call for service
- ☐ Unknown

Back

Cancel

Next

Senior Deputy [REDACTED]

- [REDACTED] *County Sheriff's Office*
- Accidental Death
- Circumstances Surrounding Incident

Type of Assignment — Select the victim officer's type of assignment at the time of incident.

- | | | |
|---|---|--|
| <input checked="" type="radio"/> One-officer patrol | <input type="radio"/> Plainclothes assignment | <input type="radio"/> Overtime/extra duty activity |
| <input type="radio"/> Two-officer patrol | <input type="radio"/> Special assignment | <input type="radio"/> Off duty, but acting in an official capacity |
| <input type="radio"/> Investigative/detective | <input type="radio"/> Undercover | <input type="radio"/> Other (specify) |
| <input type="radio"/> Tactical assignment (uniformed) | <input type="radio"/> Court/prisoner security | <input type="radio"/> Unknown |

Back

Cancel

Next

Senior Deputy

— County Sheriff's Office

— Accidental Death

— Circumstances Surrounding Incident

Mode of Transportation — Select the victim officer's mode of transportation at the time of incident.

- | | | |
|--|----------------------------------|--|
| <input checked="" type="radio"/> Car/truck/SUV | <input type="radio"/> Bicycle | <input type="radio"/> Undercover vehicle |
| <input type="radio"/> Motorcycle | <input type="radio"/> Mounted | <input type="radio"/> Personal vehicle |
| <input type="radio"/> Foot (only if assigned to a foot patrol) | <input type="radio"/> Watercraft | <input type="radio"/> Aircraft |
| <input type="radio"/> Other (specify) | | |

Marked or Unmarked — Was the victim officer's vehicle marked?

- ☒ Marked
- ☐ Unmarked
- ☐ Not applicable

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Circumstances Surrounding Incident

Involvement of Other Officers — Involvement of other officers at the time of incident.

- ☐ Alone, no assistance requested
- ☒ Alone, assistance requested
- ☐ Assisted by other officer(s)

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

— Circumstances Surrounding Incident

Call for Service or Reason for Involvement — Select the call for service or reason for involvement of the victim officer.

- | | | |
|--|---|--|
| <input type="radio"/> Citizen complaint | <input type="radio"/> Traffic control | <input checked="" type="radio"/> Patrol |
| <input type="radio"/> Respond to crime in progress | <input type="radio"/> Traffic enforcement | <input type="radio"/> Assist another law enforcement officer |
| <input type="radio"/> Respond to report of crime | <input type="radio"/> Arrest situation | <input type="radio"/> Assist citizen(s) |
| <input type="radio"/> Respond to alarm | <input type="radio"/> Pursuit | <input type="radio"/> Rescue/recovery |
| <input type="radio"/> Disorder/disturbance | <input type="radio"/> Administrative assignment | <input type="radio"/> Other (specify) |
| <input type="radio"/> Investigative/enforcement | <input type="radio"/> Training | |

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

Instruction — This section is complete ✓. When ready, click *Return to Overview* at the bottom left of the table.

Circumstances Surrounding Incident

**Initiating Activity**

Conducting self-initiated activity



Edit



Clear

**Type of Assignment**

One-officer patrol



Edit



Clear

**Mode of Transportation**

Car/truck/SUV



Edit



Clear

**Marked or Unmarked**

Marked



Edit



Clear

**Involvement of Other Officers**

Alone, assistance requested



Edit



Clear

**Call for Service or Reason for Involvement**

Patrol



Edit



Clear

LEOKA Wizard

Close the Incident File

Help ▾

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

Instruction — This section is complete ✓. When ready, click *Return to Overview* at the bottom left of the table.

Circumstances Surrounding Incident

**Initiating Activity**

Conducting self-initiated activity



Edit



Clear

**Type of Assignment**

One-officer patrol



Edit



Clear

**Mode of Transportation**

Car/truck/SUV



Edit



Clear

**Marked or Unmarked**

Marked



Edit



Clear

**Involvement of Other Officers**

Alone, assistance requested



Edit



Clear

**Call for Service or Reason for Involvement**

Patrol



Edit



Clear

[Return to Victim Officer Details](#)

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

Instruction — This section contains un-started or incomplete areas ⚠. Click the pencil ✎ to the right of each table row that requires attention. ✕

Accidental Death



Data Pertaining to Victim Officer's Agency
Completed



Edit



Clear



General Data Pertaining to Incident
Completed



Edit



Clear



Personal Data Pertaining to Victim Officer
Completed



Edit



Clear



Environmental Factors
Completed



Edit



Clear



Circumstances Surrounding Incident
Completed



Edit



Clear



Protective / Safety Equipment
Start Section



Start



Clear



Type of Accident
Start Section



Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Protective/Safety Equipment

Protective Body Armor Required — Was the victim officer required to wear protective body armour at time of incident?☐ Yes☒ No

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

— Protective/Safety Equipment

Protective Body Armor Worn — Was the victim officer wearing protective body armor?

☒ Yes

☐ No

Classification of Protective Body Armor — What was classification of protective body armor?

Type IIIA ▾

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

— Protective/Safety Equipment

Uniform Worn — Was the victim officer wearing uniform at time of incident?

☐ Yes

☐ No

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

— Protective/Safety Equipment

Type of Uniform — Select the type of uniform worn by victim officer at time of incident?

Patrol ▾

Markings on Uniform — Were there obvious markings on uniform that would have identified victim officer as law enforcement?

No ▾

Primary Color of Uniform — Enter the primary color of the victim officer's uniform.

Tan

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Protective/Safety Equipment

High Visibility Clothing Worn — Was the victim officer wearing high visibility clothing at time of incident?☐ Yes☐ No

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

Instruction — This section is complete ✓. When ready, click *Return to Overview* at the bottom left of the table.



Protective / Safety Equipment

**Protective Body Armor Required**

No



Edit



Clear

**Protective Body Armor Worn**

Yes, Type IIIA



Edit



Clear

**Uniform Worn**

Yes



Edit



Clear

**Type of Uniform**

Patrol, Obvious Markings, Tan



Edit



Clear

**High Visibility Clothing Worn**

Unknown (verified)



Edit



Clear

[Return to Victim Officer Details](#)

Accidental Death



Data Pertaining to Victim Officer's Agency
Completed



Edit



Clear



General Data Pertaining to Incident
Completed



Edit



Clear



Personal Data Pertaining to Victim Officer
Completed



Edit



Clear



Environmental Factors
Completed



Edit



Clear



Circumstances Surrounding Incident
Completed



Edit



Clear



Protective / Safety Equipment
Completed



Edit



Clear



Type of Accident
Start Section



Start



Clear



Narrative of Incident
Start Section



Start



Clear

[Return to Overview](#)

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Type of Accident

Type of Accident — Select option that best describes accidental death.

- ☐ Motor vehicle crash (victim officer in vehicle)
- ☐ Pedestrian officer struck by vehicle
- ☐ Firearm related incident
- ☐ Fall
- ☒ Drowning
- ☐ Aircraft crash (pilot error)
- ☐ Aircraft crash (equipment failure or malfunction)
- ☐ Other accidental (specify)
- ☐ Unknown

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Drowning

Activity of Victim Officer — Select the activity of victim officer at time of incident.

- ☒ Patrolling
- ☐ Engaging in foot pursuit
- ☐ Engaging in tactical response
- ☐ Participating in rescue operation
- ☐ Participating in recovery operation
- ☐ Participating in training exercise
- ☐ Other (specify)

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Drowning

Safety Equipment in Possession of Victim Officer — What safety equipment was victim officer in possession of at time of incident (select all applicable).

☐ Flotation device☐ Scuba equipment☐ Other (specify)☒ None

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Drowning

Safety Equipment Training — Did victim officer receive training in proper use of safety equipment?☒ Yes☐ No☐ Not Applicable

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Drowning

Safety Equipment Compliance — Was victim officer in compliance with agency policies regarding proper use of safety equipment?☒ Yes☐ No☐ Unknown☐ Not applicable

Back

Cancel

Next

Senior Deputy [REDACTED]— [REDACTED] *County Sheriff's Office*

— Accidental Death

— Drowning

Certified to Perform Water Operations — Was victim officer certified to perform water operations?☒ Yes☐ No☐ Not Applicable

Back

Cancel

Next

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

Instruction — This section is complete ✓. When ready, click *Return to Overview* at the bottom left of the table.

Drowning

**Activity of Victim Officer**
Patrolling

Edit



Clear

**Safety Equipment in Possession of Victim Officer**
None

Edit



Clear

**Safety Equipment Training**
Yes

Edit



Clear

**Safety Equipment Compliance**
Yes

Edit



Clear

**Certified to Perform Water Operations**
Yes

Edit



Clear

[Return to Victim Officer Details](#)

**Data Pertaining to Victim Officer's Agency**

Completed



Edit



Clear

**General Data Pertaining to Incident**

Completed



Edit



Clear

**Personal Data Pertaining to Victim Officer**

Completed



Edit



Clear

**Environmental Factors**

Completed



Edit



Clear

**Circumstances Surrounding Incident**

Completed



Edit



Clear

**Protective / Safety Equipment**

Completed



Edit



Clear

**Type of Accident**

Completed



Edit



Clear

**Drowning**

Completed



Edit



Clear

**Narrative of Incident***Start Section*

Start



Clear

[Return to Overview](#)

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

Narrative of Incident — A detailed description of the circumstances surrounding the incident or the written summation of the initial incident report is required. Also, for victim officers who were feloniously killed or assaulted and injured (nonfatally), indicate if the offender(s) was located and describe how they were apprehended. Please provide additional details, such as, when, where, and by whom was the offender located. This narrative can provide pertinent details that may be incorporated into officer training programs and are often difficult to capture in a "question and answer" format. The success of our endeavors to prevent further line-of-duty deaths/assaults depends largely on the quality of data obtained from the victim officer's agency.

Attachment Required — A narrative of incident attachment is required. You will be reminded to provide this document later from the *Overview* screen.

Back

Next

Senior Deputy [REDACTED]

— [REDACTED] County Sheriff's Office

— Accidental Death

Instruction — This section is complete ✓. When ready, click *Return to Overview* at the bottom left of the table.



Accidental Death



Data Pertaining to Victim Officer's Agency
Completed



Edit



Clear



General Data Pertaining to Incident
Completed



Edit



Clear



Personal Data Pertaining to Victim Officer
Completed



Edit



Clear



Environmental Factors
Completed



Edit



Clear



Circumstances Surrounding Incident
Completed



Edit



Clear



Protective / Safety Equipment
Completed



Edit



Clear



Type of Accident
Completed



Edit



Clear

**Data Pertaining to Victim Officer's Agency**

Completed



Edit



Clear

**General Data Pertaining to Incident**

Completed



Edit



Clear

**Personal Data Pertaining to Victim Officer**

Completed



Edit



Clear

**Environmental Factors**

Completed



Edit



Clear

**Circumstances Surrounding Incident**

Completed



Edit



Clear

**Protective / Safety Equipment**

Completed



Edit



Clear

**Type of Accident**

Completed



Edit



Clear

**Drowning**

Completed



Edit



Clear

**Narrative of Incident**

Required



Edit



Clear

[Return to Overview](#)

LEOKA Wizard

Close the Incident File

Help ▾

Overview

- Tracking # 201409-1422891887
- C:\Local Apps\leoka-wizard-sa-sc-win32-v1.0\data\201409-1422891887.lka

Instruction — This incident file contains un-started or incomplete areas ⚠. Click the pencil ✎ to the right of each table row that requires attention.

Victim Officers



Senior Deputy [REDACTED]
[REDACTED] County Sheriff's Office
Accidental Death
Completed



Edit



Delete



Add Victim

Required and Supportive Documents



Narrative of Incident
Attach Required Document



Attach



Attach Non-Required Document

Preparers

Attachment

— Narrative of Incident

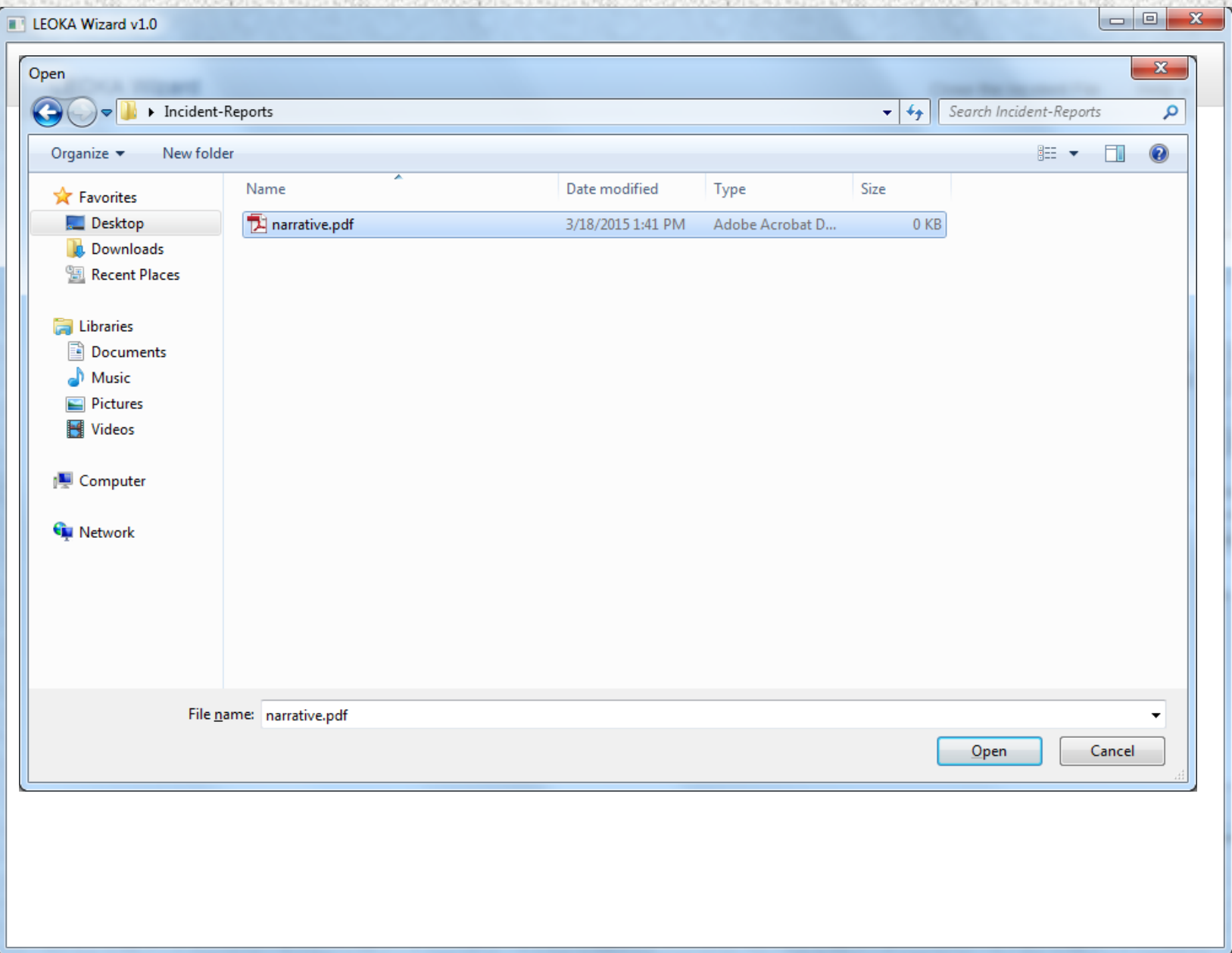
Narrative of Incident — Please provide a detailed description of the circumstances surrounding the incident or the written summation of the initial incident report. Also, for victim officers who were feloniously killed or assaulted and injured (nonfatally), indicate if the offender(s) was located and describe how they were apprehended. Please provide additional details, such as, when, where, and by whom was the offender located. This narrative can provide pertinent details that may be incorporated into officer training programs and are often difficult to capture in a “question and answer” format. The success of our endeavors to prevent further line-of-duty deaths/assaults depends largely on the quality of data obtained from the victim officer’s agency.

Browse Attachment ... Narrative of incident

Back

Cancel

Next



Attachment

— Narrative of Incident

Narrative of Incident — Please provide a detailed description of the circumstances surrounding the incident or the written summation of the initial incident report. Also, for victim officers who were feloniously killed or assaulted and injured (nonfatally), indicate if the offender(s) was located and describe how they were apprehended. Please provide additional details, such as, when, where, and by whom was the offender located. This narrative can provide pertinent details that may be incorporated into officer training programs and are often difficult to capture in a "question and answer" format. The success of our endeavors to prevent further line-of-duty deaths/assaults depends largely on the quality of data obtained from the victim officer's agency.

Browse Attachment ...

narrative.pdf

Back

Cancel

Next

LEOKA Wizard

Prepare to Submit

Close the Incident File

Help ▾

Overview

- Tracking # 201409-1
- C:\Local Apps\leoka-

Prepare to Submit



This incident file appears complete. Are you ready to submit?

Yes

No

Instruction — This incident file appears complete. Are you ready to submit?
Click *Prepare to Submit* at top of the screen for a final review and further instructions.

Victim Officers



Senior Deputy

County Sheriff's Office
Accidental Death
Completed



Edit



Delete



Add Victim

Required and Supportive Documents



Narrative of Incident
narrative.pdf



Delete



Attach Non-Required Document

Preparers

LEOKA Wizard v1.0

LEOKA Wizard

Prepare to SubmitClose the Incident FileHelp

Overview

Tracking # 201409-1

C:\Local Apps\leoka-

Have all victim officers associated with this incident been entered?

YesNo

Instruction — This incident requires a final review before submission. Click Prepare to Submit at top of the screen for a final review and further instructions.

Victim Officers

✓

Senior Deputy [redacted]
[redacted] County Sheriff's Office
Accidental Death
Completed

EditDelete

+

Add Victim

Required and Supportive Documents

✓

Narrative of Incident
narrative.pdf

Delete

+

Attach Non-Required Document

Preparers

LEOKA Wizard

Prepare to Submit

Close the Incident File

Help ▾

Overview

- Tracking # 201409-1
- C:\Local Apps\leoka-

Prepare to Submit



Have all required documents associated with this incident been attached?

Yes

No

Instruction — This incident has been reviewed and is ready for submission. Click *Prepare to Submit* at top of the screen for a final review and further instructions.

side of each table row. ✕

Victim Officers



Senior Deputy [redacted]
[redacted] County Sheriff's Office
Accidental Death
Completed



Edit



Delete



Add Victim

Required and Supportive Documents



Narrative of Incident
narrative.pdf



Delete



Attach Non-Required Document

Preparers

LEOKA Wizard v1.0

LEOKA Wizard

Prepare to SubmitClose the Incident FileHelp

Overview

Tracking # 201409-1
C:\Local Apps\leoka-

Instruction — This incident
Click Prepare to Submit

side of each table row. ✕

Victim Officers

✓

Senior Deputy
County Sheriff's Office
Accidental Death
Completed

Edit

Delete

+

Add Victim

Required and Supportive Documents

✓

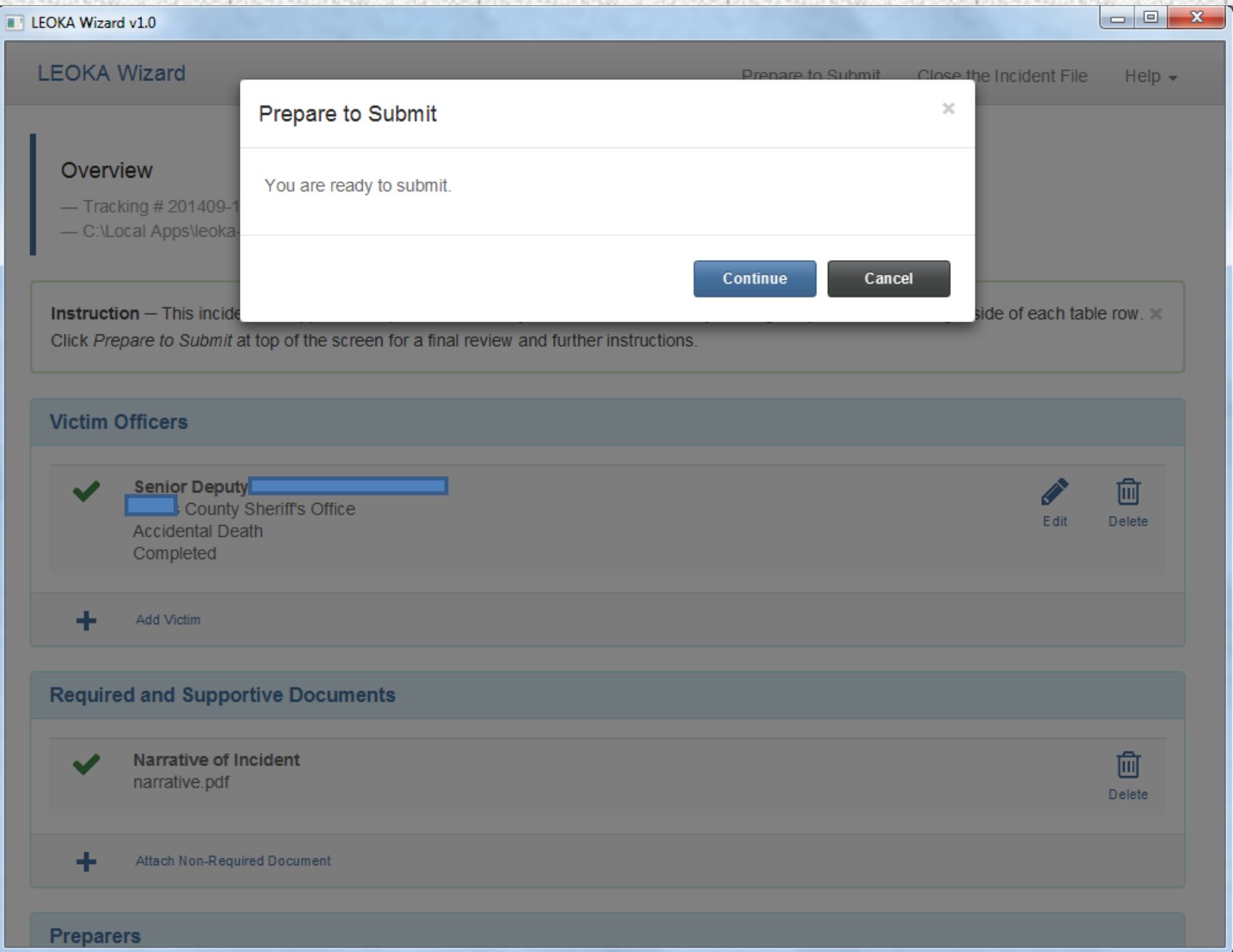
Narrative of Incident
narrative.pdf

Delete

+

Attach Non-Required Document

Preparers



Prepare to Submit

You are ready to submit.

Continue


Cancel

LEOKA Wizard

[Prepare to Submit](#)[Close the Incident File](#)[Help](#) ▾

Overview

- Tracking # 201409-1422891887
- C:\Local Apps\leoka-wizard-sa-sc-win32-v1.0\data\201409-1422891887.lka

Instruction — This incident file appears complete ✓. You may edit individual details by clicking the pencil  on the right side of each table row. ✕
Click *Prepare to Submit* at top of the screen for a final review and further instructions.

Victim Officers



Senior Deputy [REDACTED]
[REDACTED] County Sheriff's Office
Accidental Death
Completed

[Edit](#)[Delete](#)[Add Victim](#)

Required and Supportive Documents



Narrative of Incident
narrative.pdf

[Delete](#)[Attach Non-Required Document](#)

Preparers

Main Menu

What is the LEOKA Wizard — The FBI's Law Enforcement Officers Killed and Assaulted (LEOKA) Wizard is an electronic combination of Forms 1-701 and 1-701a (OMB No. 1110-0009). This data collection is authorized by law Title 28, Section 534, U.S. Code. Please use the LEOKA Wizard to report circumstances and other details regarding law enforcement officers from your agency who were accidentally killed, feloniously killed, or assaulted and injured with a firearm or a knife/other cutting instrument. The information you submit will assist the FBI in the compilation of the annual publication, *Law Enforcement Officers Killed and Assaulted*, and will also provide valuable data for law enforcement purposes, including officer training. The anticipated release date of the annual publication is October of the year following the year of death or assault. Previously released annual publications may be accessed on the Internet at <<http://www.fbi.gov/about-us/cjis/ucr/leoka>>. Your cooperation, time, and effort are appreciated.

LEOKA Wizard Submissions Should Be Completed Per Incident — Please be aware the FBI's Law Enforcement Officers Killed and Assaulted (LEOKA) Wizard is incident-based and, upon completion, should contain information in reference to all eligible victims, offenders, and/or attachments relating to a single incident. If there are separate incidents, please begin a new LEOKA Wizard for each incident.

Help and Detailed Instructions — A **Help** menu exists at the top right corner of each wizard screen. Instructions, a wizard tutorial, definitions, and other supportive and required OMB information are available as a reference at any time during your wizard session.

Contact Information — If there are any questions, please contact the FBI, Criminal Justice Information Services Division, Attention: LEOKA Program, Module E-3, 1000 Custer Hollow Road, Clarksburg, WV 26306-0159; telephone (304) 625-3521, or email LEOKA Program staff at <leoka-statistics@ic.fbi.gov>.

[Start a New Incident File](#)[Continue an Existing Incident File](#)[Delete an Existing Incident File](#)[Exit the LEOKA Wizard](#)