

**Kansas Law Enforcement Officer's Memorial Advisory Committee**  
**SUBMISSION FORM FOR LINE-OF-DUTY DEATH**

Submitted by: \_\_\_\_\_

Agency name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of submission: \_\_\_\_\_

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Officer (decedent) name: \_\_\_\_\_

Officer's age: \_\_\_\_\_ Officer's gender: \_\_\_\_\_

Years of service (Agency): \_\_\_\_\_ Years of service (Career): \_\_\_\_\_

Law Enforcement Officer: \_\_\_\_\_ Correctional Officer (LE status): \_\_\_\_\_

Correctional Officer (Custody/Security): \_\_\_\_\_

Status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteer \_\_\_\_\_

Rank: \_\_\_\_\_

Date of death: \_\_\_\_\_

Family left behind: \_\_\_\_\_

Contact Information: Relationship  Spouse  Child  Other \_\_\_\_\_

Phone number/E-mail: \_\_\_\_\_

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Was the officer's death caused by performing a line-of-duty activity or action?    Yes    No

If yes, attach a summary of such activity or action, including dates, and any supporting documentation.

If yes, is the death certificate or similar document available (please include)    Yes    No

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QUALIFYING CONTAGION EVENT

Was the officer medically diagnosed? Yes No

If yes, are diagnostic records available (do not send)? Yes No

Date of diagnosis: \_\_\_\_\_

Name of diagnosis: \_\_\_\_\_

Was the officer's cause of death medically determined?  
to be the result of said diagnosis. Yes No

If yes, is the death certificate or similar document available (please include)? Yes No

Was the officer exposed while performing a line-of-duty activity or action? Yes No

If yes, attach summary of such activity or action, including dates, and any supporting documentation.

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I have reviewed the circumstances surrounding the Law Enforcement Officer's/Correctional Officer's death detailed in this report and believe that the death occurred as a result of performing a line-of-duty activity or action.

\_\_\_\_\_  
Submitting Agency Executive

Please attach this form with your supporting documentation and submit to:

Director Tony Mattivi  
Kansas Bureau of Investigation  
1620 SW Tyler  
Topeka, KS 66612  
[Tony.Mattivi@kbi.ks.gov](mailto:Tony.Mattivi@kbi.ks.gov)

Adopted 01.19.2023