

IACP/DuPont KEVLAR SURVIVORS' CLUB®

APPLICATION



IACP/DuPont KEVLAR SURVIVORS' CLUB®

Assault/Accident Report

Please fill out ONLY those sections that apply to your life-threatening incident. Also please note that Part X must be completely filled out and endorsed by a command officer in order for this application to be considered. Check appropriate box or boxes and provide requested relevant information on the blank line or lines. If you have questions or need assistance, call 800 441-2746.

PART I: ABOUT THE AGENCY

1. Agency name and address:

- A. Department or agency name: _____
- B. Street Address or PO Box: _____
- C. City: _____
- D. State or Province: _____
- E. Country: _____
- F. Postal zip code: _____

2. Type of Police Agency:

- City
- Township
- County Sheriff
- County Police
- State Police
- State Highway Patrol
- University Police
- Federal or National Agency
- Other (specify) _____

3. Population served by reporting agency:

- 250,000 & over
- 100,000-249,999
- 50,000-99,999
- 25,000-49,999
- 10,000-24,999
- Under 10,000
- Suburban counties
- Rural counties

4. Does your department/agency have a mandatory vest wear policy?

- Yes
- No
- Unknown

PART II: ABOUT THE SURVIVOR

1. Survivor's complete name:

Last First MI (Jr., II, etc...)

2. Gender:

- Male
- Female

3. Number of years of law enforcement service:

Present agency: _____

Other civilian law enforcement service: _____

Totals years law enforcement service: _____

4. Rank:

- Police officer, deputy, trooper
- Detective, investigator, or agent
- Sergeant or field/line supervisor
- Above sergeant or field supervisor
- Other (specify) _____

5. Race:

- American Indian
- Asian
- Black
- Hispanic
- White
- Other (specify) _____

6. Height: Feet _____ Inches _____

7. Weight: _____

8. Date of birth: mo. ____ day ____ year ____

9. Type of assignment:

- Automobile Patrol
- Motorcycle
- Foot Patrol
- Traffic
- Juvenile
- Narcotics/drugs/vice
- Criminal investigations
- Special weapons and tactics
- Jail
- Other (specify): _____

10. Duty status:

- On duty
- Off duty

11. Dress at time of assault:

A. If in uniform check one:

- Formal dress uniform
- Duty uniform
- Fatigue uniform
- Bicycle uniform
- Wearing a hat or cap at time of the incident
- SWAT or tactical uniform

B. If in plain clothes check one:

- Business attire with tie and jacket
- Business attire with tie but no jacket
- Business attire with no tie or jacket
- Leisure attire with clean appearance
- Undercover attire to blend in with surroundings (street person, waiter, utility worker, etc.)

C. If wearing plain clothes did you display police identification?

- Yes
- No

If YES, check all that apply:

- Badge
- Police identification credentials or card
- Police arm band
- Outer protective body armor with police markings or words
- Raid jacket
- Baseball Cap
- Other (specify): _____

12. Were you assigned to work a:

- One officer unit
- Two officer unit
- Three or more officer unit
- Other assignment (describe)

PART III: ABOUT THE BODY ARMOR ¹

Regardless of the weapon or method, indicate point/s of impact on protective body armor, ballistic helmet and/or shield by making a distinguishable mark/s on the drawings of the protective body armor or other equipment that most closely matches the type you wore/used.

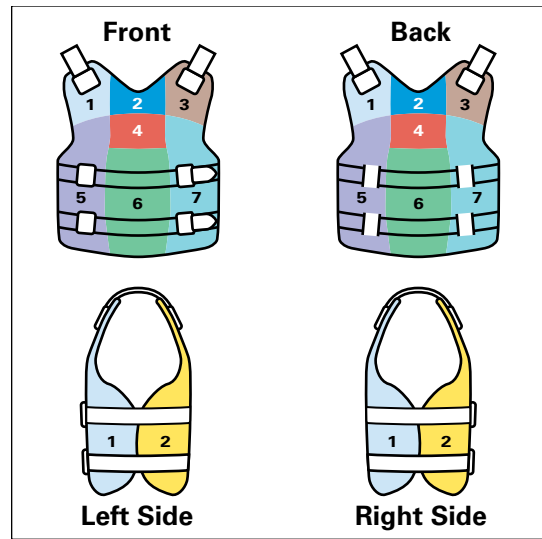
1. Threat level or protection level offered by the body armor:

- A. Concealable personal body armor:
- NIJ Ballistic Level I
 - NIJ Ballistic Level IIA
 - NIJ Ballistic Level II
 - NIJ Ballistic Level IIIA
 - NIJ Stab (spike) Level 1
 - NIJ Stab (spike) Level 2
 - NIJ Stab (spike) Level 3
 - NIJ Stab (edged blade) Level 1
 - NIJ Stab (edged blade) Level 2
 - NIJ Stab (edged blade) Level 3
 - Unknown
 - Other (specify) _____

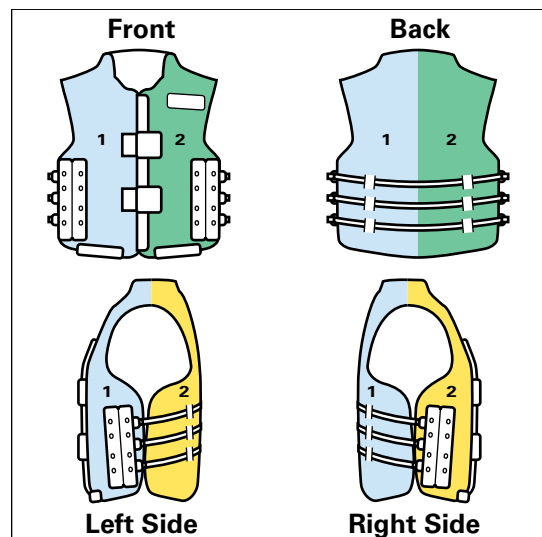
- B. Tactical or special-purpose armor:
- NIJ Ballistic Level IIIA
 - NIJ Ballistic Level III
 - NIJ Ballistic Level IV
 - NIJ Stab (spike) Level 1
 - NIJ Stab (spike) Level 2
 - NIJ Stab (spike) Level 3
 - NIJ Stab (edged blade) Level 1
 - NIJ Stab (edged blade) Level 2
 - NIJ Stab (edged blade) Level 3
 - Unknown
 - Other (specify) _____

- C. Enhanced protection:
- Steel inserts
 - Ceramic inserts
 - Trauma pack
 - Unknown
 - Other (specify) _____

Mark Point(s) of Impact:



Year purchased: _____



Year purchased: _____

¹Any brand of body armor or ballistic material is accepted.

2. Style of body armor:

- Concealable – no side protection
 - Concealable – side protection
 - Concealable - Other
 - Tactical or special-purpose (describe)
-

3. Information about protective body armor. If possible, photocopy the vest label(s) and attach to this application.

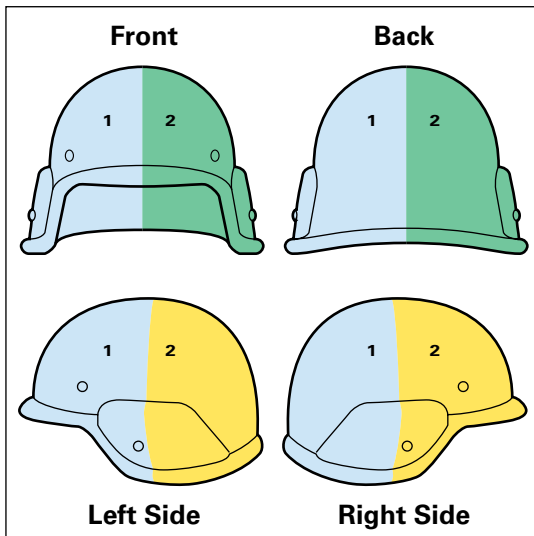
A. Brand/Manufacturer:

B. Model/style number:

C. Content of ballistic or stab panels:

4. Ballistic helmet: Specify name of manufacturer

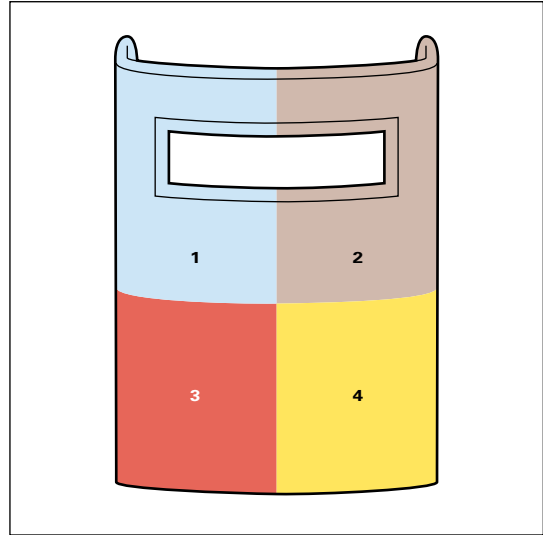
Mark Point(s) of Impact:



Year purchased: _____

5. Ballistic shield: Specify name of manufacturer

Mark Point(s) of Impact:



Year purchased: _____

6. Was your protective body armor purchased, in part, using funds provided by the United States of America Department of Justice Bulletproof Vest Partnership program?

- Yes
- No
- Unknown

PART IV: ABOUT THE LIFE-THREATENING INCIDENT

1. Type of incident:

- Criminal assault
- Animal attack
- Passenger car or light truck crash
- Motorcycle spill
- Aircraft crash
- Watercraft incident
- Accident non-vehicular (describe)

- Fall
- Fire or thermal
- Other (describe) _____

2. If incident was an assault, please check appropriate boxes:

A. Disturbance calls:

- Bar Fight
- Domestic dispute
- Person with a weapon
- Other (specify) _____

B. Arrest situations

- Burglary in progress
- Robbery in progress
- Drug-related arrest
- Escape attempt from correctional facility
- Fugitive recovery
- Attempting other arrest (specify)

C. Civil disorder:

- Corrections or jail facility
- Court ruling
- Economic
- Environmental
- Management/labor dispute
- Opposition to public policy
- Opposition to police tactics
- Public festival or party
- Private festival or party
- Sporting event
- Street riot
- Student demonstration
- Other (specify) _____

D. Investigating suspicious circumstances:

- Person
- Vehicle
- Other (specify) _____

E. Ambush situations:

- Entrapment/premeditation
- Unprovoked attack
- Bombing
- Other (specify) _____

F. Mentally deranged person:

- Serving court order
- On view encounter
- Citizen initiated report
- Request to assist institutional personnel (hospital, jail, mental health center, school etc.)
- Other (specify) _____

G. Traffic stop:

- For observed traffic law violation
- For observed criminal offense
- Stolen vehicle
- Attempted stop for observed violation that results in a pursuit
- Pursuit of known armed felon
- Other (specify) _____

H. Date of incident:

Mo. _____

Day _____

Year _____

I. Day of Week:

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

J. Time of incident:

A.M. _____

P.M. _____

3. Environmental conditions at time of incident: (Check all that apply)

A. Temperature: _____

B. Conditions:

- Daylight
- Dawn/Dusk
- Dark
- Clear and dry
- Fog
- Rain
- Snow
- Roadway wet or snow/ice covered
- Other (specify) _____

4. Incident location: (Complete all that apply)

A. Street address and name or highway route number: _____

B. Name of village/town/city: _____

C. If not in a city, distance from nearest city: _____

D. Name of township: _____

E. Name of Borough/Parish/County: _____

F. Name of Region/Province/State: _____

G. Name of Country: _____

H. Postal zip code: _____

5. If incident was a vehicular crash or vehicle was used as a weapon, please answer:

Survivor was operating or passenger in this type of police vehicle:

- Automobile or light truck
- Motorcycle
- Other (specify) _____
- Survivor was a pedestrian

6. Driver of police vehicle:

- Yourself
- Partner
- Not Applicable

7. Survivor involved traffic accident while:

- Patrolling assigned area

Responding to:

- Non-emergency call
- Emergency call
- Following a suspicious vehicle or suspect
- Traffic stop
- Pursuit

Directing traffic (survivor struck by vehicle):

- Intersection control
- Special event
- Accident or crime scene
- Other point traffic control
- Struck while contacting a motorist after making a traffic stop
- Other (specify) _____

PART V: ABOUT THE SUSPECT

1. Has the suspect been identified?

- Yes
- No

2. Age: _____

3. Gender:

- Male
- Female

4. Race:

- Asian
- American Indian
- Black
- Hispanic
- White
- Other (specify) _____

5. Height: Feet: _____ **Inches:** _____

6. Build:

- Slender
- Medium
- Heavy

7. Was suspect employed?

- Yes, Occupation: _____
- No
- Suspect is an inmate

8. Was the suspect restrained?

- Yes
- No

9. Did the survivor know the identity of the suspect prior to the assault?

- Yes
- No

10. Had suspect been drinking?

- Yes
- No
- Unknown

11. Did suspect appear to be under the influence of alcohol or drugs?

- Yes
- No
- Unknown

12. Did the suspect appear mentally deranged?

- Yes
- No
- Unknown

13. If suspect was arrested, specify formal charge/s:

14. Criminal history:

- No previous criminal history known
- Prior criminal arrest, not convicted
- Prior criminal arrest, convicted
- Prior arrest for crime of violence, not convicted
- Prior arrest for crime of violence, convicted
- Convicted on criminal charges, granted leniency
- On parole or probation at time of assaulting the survivor
- Prior arrest for assault
- Prior arrest for assaulting police officer or resisting arrest
- Prior arrest for weapons violation

15. Disposition of suspect:

- Arrested and charged
- Fugitive
- Justifiably killed
- Committed suicide

16. If suspect was arrested and charged:

- Found guilty of assault on the survivor
- Guilty of lesser offense related to assault
- Guilty of crime other than assault
- Acquitted or otherwise dismissed
- Committed to mental institution
- Case pending or disposition unknown
- Died in custody

PART VI: ABOUT THE WEAPON USED

1. Firearm used to injure the survivor belonged to:

- Survivor's own firearm
- Another officer's firearm
- Suspect's firearm
- A person other than the survivor, another officer or suspect

2. Firearm was fired by:

- The suspect
- The survivor that was struck
- Another officer
- A person other than the survivor, another officer or suspect

3. Caliber of handgun:

- .22 Caliber
- .25 Caliber
- .32 Caliber
- .357 Caliber
- .38 Caliber
- .380 Caliber
- .40 Caliber
- .44 Caliber
- .45 Caliber
- 9 Millimeter
- Caliber not reported
- Other (specify) _____

4. Caliber of rifle:

- .22 Caliber
- .223 Caliber
- .30 Caliber
- 7.62 x 39 Millimeter
- 7.62 x 54 Millimeter
- 9 Millimeter
- Caliber not reported
- Other (specify) _____

5. Bullet type:

- Lead
- Hollow point
- Soft point
- Full metal jacket
- Unknown
- Other (specify): _____

6. Shotgun size:

- .410 gauge
- 20 gauge
- 16 gauge
- 12 gauge
- 10 gauge
- Gauge not reported
- Other (specify): _____

7. Shot type:

- Slug
- Buck shot (specify size): _____
- Bird shot (specify size): _____
- Unknown
- Other (specify type/size): _____

8. Firearm type:

- Single shot
- Single action
- Double action
- Semi-automatic
- Fully-automatic
- Unknown
- Other (specify): _____

9. Was the firearm modified after original manufacture?

- Converted from semi to full automatic fire
- Barrel shortened or sawed off
- Stock shortened, removed, or modified
- Silencer used
- Other (specify): _____

10. Firearm capacity:

- 6 rounds or less
- 9 rounds or less
- 9 to 17 rounds
- 17 or more rounds

11. Number of rounds fired by suspect:

- Exact number: _____
- Estimated number: _____
- Unknown

12. Shot(s) fired at survivor that struck protective body armor at an estimated distance of:

- Contact shot
- 1 - 5 feet
- 6 - 10 feet
- 11 - 20 feet
- 21 - 50 feet
- Over 50 feet
- Unknown

13. Was suspect using a stolen firearm?

- Yes
- No
- Unknown

14. Was survivor hit by shrapnel from set bomb or trap?

- Yes (specify): _____
- No

15. Cutting or stabbing weapon:

A. Type of assault:

- Slashing
- Stabbing
- Throwing

B. Original Construction:

- Commercial

If commercially manufactured, was weapon modified?

- Yes (specify): _____
- No

Weapon was hand-fashioned:

- Yes
- No

C. Type of knife or puncture weapon:

- Awl
- Boning
- Box cutter
- Buck
- Butcher
- Butterfly
- Carpet
- Hobby

- Hunting
- Ice pick
- Kitchen
- Machete
- Military
- Paring
- Pencil
- Pitchfork
- Pocket
- Razor
- Shank
- Soft metal (home made)
- Spear
- Survivor's badge
- Switchblade
- Other (specify): _____

D. Cutting or puncture surface:

- Double edged blade
- Single edged blade
- Spike
- Triangle blade

E. Length of blade or spike:

- Exact length: _____
- Estimated length: _____
- Unknown

16. Other weapon:

A. Type of manufacturer:

- Commercial

If commercially manufactured, was weapon modified?

- If yes, specify how modified: _____

- No
- Weapon was hand-fashioned

B. Type of weapon:

- Baseball bat
- Blackjack
- Bottle or broken bottle
- Club
- Electrical stun weapon
- Knuckles, plastic or metal
- Other (specify): _____

PART VII: ABOUT THE INJURIES

1. Was the survivor injured?

- Yes
- No

2. Was the survivor hospitalized?

- Yes, how long: _____
- No

3. If survivor was injured, where injured?

A. Wounds

- Front head
- Rear head
- Front upper torso
- Rear upper torso
- Front below waist
- Rear below waist
- Arms/hands

C. Internal injuries

- Yes
- No

4. Was injured area covered by body armor?

- Yes
- No

5. Degree of injuries in area covered by body armor:

- Superficial bruise
- Superficial laceration
- Severe bruise
- Severe laceration
- Fractured or broken bone
- Slash or puncture wound
- Gunshot wound
- Internal injuries (specify): _____

- Other (specify): _____

A copy of the medical report detailing injuries due to impact(s) on body armor would be of great value in determining nature of survivor's physical injuries and aid in the future development of personal protective body armor.

PART VIII. TRAINING COURSES

Please indicate below those training courses that the survivor has completed, indicating whether that training was completed during the past 6 months, 12 months or longer:

Course Title	Past 6 Months	Past 12 Months	Longer
1. Basic Recruit Training	1. _____	1. _____	1. _____
2. Firearms Training	2. _____	2. _____	2. _____
3. Arrest Procedures	3. _____	3. _____	3. _____
4. Prisoner Handling	4. _____	4. _____	4. _____
5. Riot Control	5. _____	5. _____	5. _____
6. Police community relations	6. _____	6. _____	6. _____
7. Defensive Tactics	7. _____	7. _____	7. _____
8. Defensive Driving	8. _____	8. _____	8. _____
9. Pursuit Driving	9. _____	9. _____	9. _____
10. Never had any Police Training	_____	_____	_____

PART IX: INCIDENT DESCRIPTION

The description of your incident must be complete. Please write in any information you have about unusual weapons, assault techniques, notable circumstances, or anything you believe is important that is not covered elsewhere or that needs further explanation. **Please attach available incident reports and medical records** detailing survivor’s physical injuries to body parts protected by body armor, newspaper articles, and photographs or videotapes relevant to your incident.

Thank you for completing this summary. This information will be used to help you and your fellow officers. The information you have given in this summary will be assimilated with information submitted by other officers and computer-analyzed to determine causes and countermeasures to reduce assaults on law enforcement officers.

PART X: NOMINATION OF SAVED OFFICER TO IACP/DuPont KEVLAR SURVIVORS CLUB®

I. From Survivor

It is recognized that some individual survivors and/or agencies might be willing to share the foregoing information for the benefit of other police officers, but might not wish to participate in the IACP/DuPont KEVLAR SURVIVORS' CLUB®. Please complete the information requested below to participate.

I wish to participate in the IACP/DuPont KEVLAR SURVIVORS CLUB®

Survivor's Signature Date

Exact Name for Plaque

- I want my story to benefit other officers and give permission to have my name and story used.

Initial

- I wish to remain anonymous.

I heard about the IACP/DuPont KEVLAR SURVIVORS' CLUB® from:

- Police Chief* magazine
 My Department
 The Internet
 A body armor manufacturer
 Other _____

IACP/DuPont KEVLAR SURVIVORS' CLUB® Privacy Statement

Although the information being collected is not intended for direct marketing purposes, it will be disclosed to DuPont and the International Association of Chiefs of Police for the purpose of improvement or safety of products which benefit the law enforcement community. In addition, DuPont and the International Association of Chiefs of Police may agree to disclose information to third parties for the purpose of enhancement of law enforcement officer safety. This information is collected in accordance with the DuPont and International Association of Chiefs of Police privacy policies. These policies can be reviewed at www.dupont.com/corp/global.html and www.theiacp.org.

- Please check this box if you are voluntarily releasing your information to the IACP/DuPont KEVLAR SURVIVORS' CLUB®.

II. From Nominating Officer (This section must be completed by Agency head or designee)

Our department will participate in the IACP/DuPont KEVLAR SURVIVORS' CLUB®

Signature of Agency head or designee Date

Rank

Please forward a membership awards package for the IACP/DuPont KEVLAR SURVIVORS' CLUB® to: (Fill in name of Agency representative who will be presenting the award, name of Agency, Agency street address, city, state/province, postal code and country).

Telephone

Please return completed form to:

Brad Eaton
Club Administrator
IACP/DuPont KEVLAR SURVIVORS' CLUB®
5401 Jefferson Davis Highway
Richmond, VA 23234

If you have any questions, call: 800-441-2746

For use by IACP/DuPont KEVLAR SURVIVORS' CLUB® staff only

- Application for membership approved
 Application for membership not approved at this time

Comments: _____

Signature of law enforcement consultant Date of action

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