



## MIAMI-DADE COUNTY LAW ENFORCEMENT CANINE MEMORIAL WALL OF HONOR

### PERSONAL DATA ON VICTIM CANINE

Canine's Agency \_\_\_\_\_

Canine's Name \_\_\_\_\_ DOB or Age \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex M \_\_\_\_\_ F \_\_\_\_\_ Tattoo number if available \_\_\_\_\_

Specialty(s) \_\_\_\_\_  
(patrol, explosive, narcotics, trailing, human remains, ect.)

Canine training school attended \_\_\_\_\_

Dates attended \_\_\_\_\_

Is the school a State of Florida or a federal certified law enforcement training center?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the canine is certified by the State of Florida or federally, date of certification. \_\_\_\_\_

Dates of any other certifications \_\_\_\_\_

Canine's length of law enforcement service \_\_\_\_\_

### PERSONAL DATA ON HANDLER

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Rank or Title \_\_\_\_\_

Is handler a fully sworn officer with full arrest powers? Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_

Explain \_\_\_\_\_

(Please attach additional sheets, if necessary)

Handlers Agency \_\_\_\_\_

Contact person \_\_\_\_\_ Rank/Title \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**CIRCUMSTANCES OF VICTIM CANINE'S DEATH**

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_

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

Was victim canine on duty at the time of death? Yes\_\_\_\_ No\_\_\_\_ Unknown\_\_\_\_

The cause of death was: Felonious Assault \_\_\_\_\_ Accidental Situation \_\_\_\_\_

A. Check the circumstance that best describes the felonious death; if accidental death, skip to B:

- \_\_\_\_\_ Building Search for Felon
- \_\_\_\_\_ Area/Field Search for Felon
- \_\_\_\_\_ 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
- \_\_\_\_\_ Civil disorder (mass disobedience, riot, etc.)
- \_\_\_\_\_ Handling, transporting, custody of prisoners
- \_\_\_\_\_ Investigation suspicious persons or circumstances
- \_\_\_\_\_ Ambush (entrapment and premeditation)
- \_\_\_\_\_ Ambush (unprovoked attack)
- \_\_\_\_\_ Investigative activity (searches)
- \_\_\_\_\_ Traffic pursuits and stops
- \_\_\_\_\_ Tactical situation (barricaded offender, hostage taking, or high-risk entry)

B. Check the circumstance that best describes the accidental death:

- \_\_\_\_\_ Accidental shooting (crossfire, mishap)
  - \_\_\_\_\_ Accidental shooting (training mishap, cleaning mishap)
  - \_\_\_\_\_ Training incident
  - \_\_\_\_\_ Automobile accident (unrelated to enforcement)
  - \_\_\_\_\_ Automobile accident (related to criminal enforcement activity)
  - \_\_\_\_\_ Struck by vehicle (unrelated to enforcement)
  - \_\_\_\_\_ Struck by vehicle (related to criminal enforcement activity)
  - \_\_\_\_\_ Aircraft accident
  - \_\_\_\_\_ Other accidental (fall, fire, drowning, etc.)
- Specify \_\_\_\_\_

Location of the incident \_\_\_\_\_

(apt., city, state, zip, county)

Was canine assigned within Miami-Dade County boundries at the time of the incident? Yes\_\_\_\_ No\_\_\_\_

If no, explain \_\_\_\_\_

(detached, ect., attach additional paperwork if necessary)

Provide a brief description of the circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach the following:**

- Photograph of the victim canine**
- Veterinarian reports if available**
- Initial police/incident report**
- Copy of victim canine's certifications**
- Copies of newspaper articles about canine's death**

**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 canine has died in the line of duty and should be listed on the Miami-Dade County Law Enforcement Canine Wall of Honor.**

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**Signature of Agency Head**

**Date**