

CERTIFICATE FROM LAW ENFORCEMENT AGENCY

Victim Name _____

Claimant Name _____

Investigating Officer _____ Title _____

Telephone _____ Business Address _____

Crime Date Date Reported to Law Enforcement

Briefly describe the circumstances surrounding the incident:

Was the victim (and/or claimant) **completely** cooperative with your department?
 Yes No If no, please explain:

From your investigation of the case, would the facts indicate the victim provoked or contributed in any way to his/her injury? Yes No. If yes, please describe the contributing factors:

Additional information you would like the Victims Compensation Board to know:

Date ____ / ____ / ____ Signature _____

Thank you for your cooperation in completing this form promptly. Your opinions are vital to the Board's determination of eligibility in this case.

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