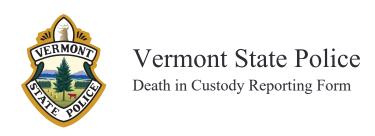


Vermont State Police Department of Public Safety 45 State Drive Waterbury, VT 05671

I. Please provide the following do	ecedent information.					
Last Name	First Name			Middle Name		
Date of Birth						
MM/DD/YY		Unknown				
Ethnicity			Deceder	nt Race		
	☐ Not of Hispanic, ☐	Unknown	(Select all that apply)			
or Spanish origin	Latino, or Spanish origin		Asiar	1	Native Hawaiian/Other Pacific Island	
Gender Male Female	Other Gender Identity:		□Whit	e	American Indian/Alaska Native	
			Unkn	nown	Black/African American	
II. Please list the following inform	ation regarding the deceder	ıt's death.				
Name of Location of Death (if applicable). This could be the name of a facility,					f Death	
place of business, or other designation for the location of death.						
					MM/DD/YY	
Street Address				Time of Death (24-hour clock)		
City	State	Zip		Cause	of Death	
,						
					he appropriate facility below. If the evo	
causing the death did not occur	in one of the facilities liste	d below, ple	ase use th	e "None	e of the above" answer choice.	
(Mark only one)	Any state or local	contract fac	:1:+		ther local or state correctional facility	
☐ Municipal or county jail☐ State-run boot camp prison	☐Any state or local contract facility☐Contracted boot camp prison			(to	o include any juvenile facilities)	
State prison  None of the above						
otate prison						
III. Please list the name of the depa	artment or agency that incar	rcerated, det	ained, pui	rsued, a	rrested, or was in the process of arrest	
the deceased.		,	, p		P 0000 01 WW 11 010 P 10000 01 W11000	
Agency Name						
Facility Name (if applicable)						
, , , , , , , , , , , , , , , , , , , ,						



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IV. Please indicate the manner of death.				
(Mark only one)				
Accident (e.g., traffic accident, non-suicidal drug toxicity, etc.)	☐ Death attributed to use of force by a law enforcement or corrections officer			
☐ Natural causes ☐ Suicide	☐ Homicide (e.g., an incident between two or more incarcerated individuals resulting in a death)			
Unavailable, investigation pending  Please report the agency conducting the investigation and an appro-	oximate end date:			
Other Please explain:				
V. Please provide the narrative of the circumstances leading to the to the death, the number and affiliation of any parties involved in other context related to the death, etc.).				
VI. Please provide the contact information of the individual who is	submitting this form			
Name, Title	Phone Number			
Ivalie, Title	rhone Number			
Agency	Email			
Date				