



State of Nevada

Victims of Crime Program

Police Report Verification

Submit this form if Police Report cannot be released for any reason.

Victim Information

Victim Name:	Victim DOB:	VOCP Claim #
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Event #	Crime Date:
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Crime Location (exact address or cross streets):

Crime Information: (Completed by Law Enforcement Officials Only)

Date of Crime:	Date Crime Reported:
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Type of Report or Crime Description:

Were charges filed or is the case pending review from the District Attorney's Office?

Yes
 No

Was an Arrest Made?

Yes
 No

Was the victim engaged in a criminal act at the time of his/her death (if applicable)?

Yes If Yes, please explain:
 No

Please provide the cause and manner of the victim's death (if applicable):

Cause:

Manner:

Is there any additional information about the *Crime or Victim* the VOCP should consider?

Yes If Yes, please explain:
 No

I am a Law Enforcement Official familiar with the facts of the crime referred to above.

The information provided herein is true and accurate to the best of my information and belief.

Authorized Signature:	Print Signers Name:	Rank or Title:
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Date:	Tele:	Email:
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Mail to: <i>VOCP</i> 6171 W. Charleston Blvd., Bldg. 9 Las Vegas, NV 89146	Fax to: (702) 486-2825	Scan and email to: <i>vocp@dcfs.nv.gov</i>
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