



Notice of Death or Permanent Total Disability

Instructions:

ORS 243.974 requires employing agencies to notify DPSST within three (3) working days from the death of public safety officer or from becoming aware that a public safety officer has become permanently totally disabled (as defined under ORS 656.206). Please use this form to do so.

Officer's Name: _____ DPSST #: _____
(Last, First, Middle)

Employing Agency: _____ Social Security #: _____

The above-mentioned individual was employed by this agency, and the following action has occurred:

_____ *the individual has been killed on* _____ *(date)*

_____ *the individual suffered a permanent total disability on* _____ *(date)*

Describe the nature of injury/incident that caused death, as well as how/why it occurred:

Please answer the following questions, and explain any "yes" answers on reverse side of form:

- 1. Were the officer's actions a substantial contributing factor to the death or disability of the public safety officer? __ Yes __ No*
- 2. Did the officer's intentional misconduct cause the death or disability? __ Yes __ No*
- 3. Did the officer intend to bring about the officer's death/disability? __ Yes __ No*
- 4. Was the officer voluntarily intoxicated at the time of death/disability? __ Yes __ No*
- 5. Was the officer performing the public safety officer's duties in a grossly negligent manner at the time of the injury that caused the death/disability? __ Yes __ No*
- 6. Was the officer performing regular duties at the time? __ Yes __ No*

(Signature of Agency Head) Date: _____

This form should be sent directly to:
DPSST
Standards and Certification
4190 Aumsville Hwy. SE
Salem, OR 97301

