



## Line of Duty Claim Submission Procedures Investigations by Local Police and Sheriff’s Departments

### Purpose

---

**Introduction** The purpose of this document is to provide guidelines and procedures for local Police and Sheriff’s Departments investigating their own Line of Duty claims of the *Code of Virginia* § 9.1-400 – 9.1-407.

Chapter 393 of the Virginia Acts of Assembly effective July 1, 2009, gives authority to local police and sheriff’s departments to perform Line of Duty investigations and to submit claims directly to the State Comptroller’s Office.

---

### Procedural Overview

---

**Investigation** A complete investigation of the circumstances surrounding the death or disability of an officer must be done. A summary of this investigation is to be forwarded to the Comptroller’s Office with the completed claim.

---

### Claim Submission Guidelines

---

**Introduction** In order to maintain a uniform reporting process, all claims are to be submitted in the following manner.

---

**Synopsis** A brief description of the claimant’s life statistics, birth, marriages, divorces, names of all children, brief description of employment history, accident, retirement and date of death or disability.

---

**Details** Prepare a thorough description of the circumstances surrounding the death or disability of the claimant. At a minimum, include the following information:

Narrative of interview of claimant/spouse

Description of circumstances related to the death or disability

Name of doctor(s) who supplied medical records and documentation to support the claim

Human Resource Officer confirming employment information

Workers’ Compensation contact confirming documents to support claim

VRS Retirement Officer confirming retirement date

(Rev 6/19/09)

*Continued on next page*



**Line of Duty Claim Submission Procedures**  
**Investigations by Local Police and Sheriff’s Departments**

**Claim Submission Guidelines, Continued**

---

**Investigator** Include name and contact information of person preparing the investigation and the name and phone number of the person to be contacted in the event that further information is required.

---

**List of Attachments** Include a listing of all attachments used to support the claim for benefits.  
**(A checked copy of the attached checklist may be used)**

---

**Compliance**

---

**Claim Approval** Based upon §9.1-404 of the *Code of Virginia* it is the sole responsibility of the Comptroller’s Office to determine that the requirements have been satisfied for any claim to be approved.

**At no time should the investigator state to the claimant, or include in the packet of information, his or her opinion as to the validity of the claim.**

---

**Authorization**

---

**Claim Submission** Each claim and packet of documents is to be forwarded to the Comptroller’s Office (address below) with a letter signed by the chief officer, or his designee, of the appropriate department within 10 business days after completion of the investigation.

Attn: Line of Duty  
Commonwealth of Virginia  
Department of Accounts  
P. O. Box 1971  
Richmond, VA 23218-1971

(Rev 6/19/09)

*Continued on next page*

---



Virginia Department of Accounts

Financial Accountability. Reporting Excellence.

## Line of Duty Claim Submission Procedures Investigations by Local Police and Sheriff's Departments

### Contact

---

**Line of Duty  
Contact**      Connie Jones  
Line of Duty Coordinator  
☎ (804) 786-1856  
FAX (804) 371-0444  
✉ [Connie.Jones@doa.virginia.gov](mailto:Connie.Jones@doa.virginia.gov)  
✉ [LineofDuty@doa.virginia.gov](mailto:LineofDuty@doa.virginia.gov)

---

### Commonwealth of Virginia Line of Duty Code & Claim Forms

---

**Act**                      [http://www.doa.virginia.gov/Admin\\_Services/Line\\_Of\\_Duty/Line\\_of\\_Duty\\_Act.cfm](http://www.doa.virginia.gov/Admin_Services/Line_Of_Duty/Line_of_Duty_Act.cfm)

---

**Disability  
Benefits Claim  
Form**                      [http://www.doa.virginia.gov/Admin\\_Services/Line\\_Of\\_Duty/LOD\\_DisabilityBenefitsClaimForm.pdf](http://www.doa.virginia.gov/Admin_Services/Line_Of_Duty/LOD_DisabilityBenefitsClaimForm.pdf)

---

**Death Benefits  
Claim Form**                      [http://www.doa.virginia.gov/Admin\\_Services/Line\\_Of\\_Duty/LOD\\_DeathBenefitClaimForm.pdf](http://www.doa.virginia.gov/Admin_Services/Line_Of_Duty/LOD_DeathBenefitClaimForm.pdf)

(Rev 6/19/09)

---

*Continued on next page*



**Line of Duty Claim Submission Procedures  
Investigations by Local Police and Sheriff’s Departments**

**Claim Checklist**

The following documents, if applicable, are required to complete a disability or death claim:

<b>Disability Claims</b>	Completed claim form
	Birth certificate of claimant
	Birth certificate of spouse
	Birth certificate of all children
	Marriage certificate
	Copy of all divorce decrees
	Verification of employment dates for the deceased or disabled officer (include copy of pre-employment physical)
	Summary of Police/Incident Report
	Accident / Incident report (Worker’s Compensation first report of accident)
	Worker’s compensation award letter
	VRS “Physician Report” of disability, Form VRS-6B (or a similar report, if VRS is not the locality retirement system)
	Letter from disabled employee’s physician stating the reason for the disability and expected duration
	Physician reports and medical records to substantiate the claim
	Retirement Certificate
	Disabled employee’s pre-employment physical report
	Disabled employee’s most recent medical/physical report
	Insurance rate sheets covering the period from the date of the claimant’s last day of active duty to present
	College status of all dependents over the age of 21
	Copy of certified list of Volunteer Firefighters, as recorded by the Clerk of the Court, if serving as a member of a Volunteer Fire Department (§ 27-42)
	Contract of ordinance recognizing unit as part of a safety program (applies to Fire and Rescue Squad services — § 15.1-136.2)

In addition to the above-referenced documents, the following documents are needed.

<b>Death Claims</b>	Coroner’s report
	Autopsy report
	Death certificate
	Copy of Will
	Other (specify)